Affidavit To Amend A Death Record

Upon request, this document will be made available in Braille, large print, audiocassette, or computer disk.
To obtain a copy in one of these alternate formats, please call or write:

California Department of Public Health
Vital Records - M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684
California Relay: 711/1-800-735-2929
http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx

January 2014

Amending a Death Certificate

What information can be changed with an amendment?

Amendments are used to correct ***errors*** on the death certificate.

The VS 24 form can be used to:

- Correct spelling errors.
- Add information not known at the time of death.
- Add an “AKA” (“also known as”) to decedent’s name.
- Correct most items on the certificate, except those noted below.

The VS 24 form cannot be used to:

- Change the informant that is listed on the original death certificate.
- Correct the date, time, place, or cause of death (this information can only be changed by a physician or coroner).

What is the fee to amend a death certificate?

Within One Year of the Death:

- There is no fee to amend a record within one year of the date of the death (***but you do not get a copy of the amended record***).
- If you want a Certified Copy of the amended record, there is a $21 fee for each copy.

If the Death Occurred More Than One Year Ago:

- There is a $23 fee, which includes one Certified Copy of the amended record.
- Additional copies are $21.

(Continued)

What is the fee to amend a death certificate?

Fees should be paid by check or money order payable to ***CDPH Vital Records***. International money orders for out-of-country requests should be payable in U.S. dollars.

(Continued)

Please Note

If you are not paying a fee to process the amendment (it is within the first year and you are not paying to get a Certified Copy of the amended record), you will not receive any contact from our office – we will just amend the record and close the file.

Once we complete the amendment (the processing time is listed at the end of this pamphlet), we will send a copy of the amended record to the local county recorder so they can update their records.

What do I submit to amend a death certificate?

- You will need to complete the Affidavit to Amend a Record, VS 24 form.
- Although this item ***is not required***, it would help our staff if you could include a photocopy of the current death certificate (this helps us identify the exact record to be amended).
- If you are requesting a Certified Copy of the amended record, you ***must*** include a notarized Sworn Statement (see next section for more information).
- Mail the following items to our office using the address on the front of this pamphlet:
  - Completed VS 24 form.
  - Appropriate fee.
  - ***Notarized*** Sworn Statement (if copy of amended record is being issued).
  - Photocopy of current death certificate (if you have it).
- If any of the required items are not included, your request will be returned to you for correction.

Why do I need a Sworn Statement?

Effective July 1, 2003, a new law changed the way we issue birth and death certificates. To help protect against identity theft, the law requires that only an ***authorized person*** (as defined by law) may receive a Certified Copy of a birth or death record. In order to receive the Certified Copy, you must sign (and notarize) the Sworn Statement declaring under penalty of perjury that you are authorized by law to receive the Certified Copy.

Only one notarized Sworn Statement is required for multiple amendments submitted at the same time. But the Sworn Statement must include the name of each person whose record is being amended and your relationship to that person.

You ***do not have to complete*** the attached Application for Certified Copy of Death Record, but please read the first page for the definition of "authorized person" before completing the Sworn Statement.

Where can I get the VS 24 form?

Because the amendment document becomes part of the official record, it must be an ***original*** form (our office uses a special bond paper). ***Photocopies are not acceptable.*** One application form is included if you receive this pamphlet by mail. If you need additional copies of the VS 24 form, or are accessing this pamphlet on our website:

- Order forms electronically at: https://apps.cdph.ca.gov/AutoForm2/default.aspx?af=1184. Because of the volume of phone calls we receive, the Internet is usually a faster process for our customers than calling our Customer Service Unit.
- Call our Customer Service Unit at (916) 445-2684.
- You can also get the form from the County Recorder or County Health Department in any California county.

How do I complete the VS 24 form?

A sample of what a completed form should look like is attached:

PART I:

- Complete the information ***exactly*** as it appears on the current death certificate.

  Note: If you need a copy of the current death certificate to complete this section, you can get a copy by completing the Application for Certified Copy of Death Certificate (attached) and submitting the application, notarized Sworn Statement, and $21 fee to our office.

(Continued)

How do I complete the VS 24 form?

(Continued)

PART II:

- **Item 8:** Enter the item number from the current death certificate that needs to be corrected. List only one item per line.
- **Item 9:** Enter the ***incorrect*** information ***as it appears*** on the current death certificate.
- **Item 10:** Enter the ***correct*** information ***as it should appear*** on the death certificate.
- **Item 11:** Briefly state the reason for the correction.

Who may sign supporting affidavits?

- Two persons having knowledge of the facts must complete the supporting affidavits. See next section for additional information. The signed affidavits must be included on the bottom of the VS 24 form and not as a separate document.
- ***Two signatures are required.***

Are there situations where specific persons must sign the affidavits?

Yes.

- **When correcting marital status (item 12), or when adding or changing a surviving spouse (items 28-30):** Both the informant who is listed on the death certificate and the surviving spouse must sign the affidavit.

  If either the informant or the surviving spouse refuses to sign the affidavit, we can correct the marital information if you provide a ***certified*** copy of a court order establishing the decedent's marital status at the time of his or her death. The court order should be mailed to our office with the affidavit signed by two persons with knowledge of the facts.

- **When correcting items 26 or 27 (name, relationship, or mailing address of the informant):** The original informant must sign the affidavit.
- **When changing item 26 (informant name/relationship) from "under investigation" status to include an informant:** The certifying physician, coroner, or medical examiner must sign the affidavit.
- **When correcting the date, time, place, or cause of death:** Only the physician, coroner, or medical examiner can amend these items.

Important Information

What makes a VS 24 form "acceptable?"

Death certificates are legal documents that must hold up in any court, unchallenged as to their accuracy and reliability.

Because the amendment you submit becomes an actual part of this legal document, it must adhere to strict guidelines:

- Every item on the amendment must be completed.
- The amendment form must be an original, not a photocopy.
- Because the amendment form becomes part of the official record, every word and letter must be extremely clear and legible. ***Using a typewriter to complete the form ensures that the information is interpreted clearly.***
- If you are not able to type the amendment, it is extremely important that you take the extra time to print ***very clearly and legibly***. Documents that are not legible will be returned to you to complete again.
- ***Only black ink is acceptable.***
- ***There cannot be any erasures, whiteout, or alterations.***

How long will it take to process the amendment?

The processing time for death amendments can be located on our website at:

http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx

Once I file the amendment, what happens to the original record?

- The original record remains unchanged, and the amendment becomes page 2 of the death certificate - making it a two-page document (per Health and Safety Code Sections 102140 and 103255).
- Anyone receiving a copy after the amendment is applied will receive a copy of both documents.

What if I still have questions?

If you have read this pamphlet thoroughly and still have questions that were not answered, please call our Customer Service Unit at (916) 445-2684. If you are checking the status of your request, please wait until after the processing time has passed before contacting us.

Note to Customer:

We ***cannot process your request*** unless you complete ***both sides*** of the enclosed amendment form. The information on both sides is important information for our records, and ***both sides must be completed in order to process your request***. Thank you.

* * *

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LEAVE BLANK
STATE FILE NUMBER

LEAVE BLANK
LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD

1A. NAME—FIRST	1B. MIDDLE	1C. LAST
Mary	Jane	Smith-Doe

2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT
Female	08/24/1998	Sacramento	Sacramento

6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD
James L. Smith	Mary Anne Lee

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
5	74	75
10	111-22-3333	111-23-3333
21	Carmichael	Sacramento

SAMPLE

REASON FOR CORRECTION

11. To correct decedent's age, Social Security Number, and city of residence.

AFFIDAVITS AND SIGNATURES

TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON	12B. PRINTED NAME	12C. TITLE/RELATIONSHIP TO PERSON IN PART I
▶ John Doe	John Doe	Surviving Spouse
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY
1234 Main Street, Sacramento, CA 95817		12/05/2007
13A. SIGNATURE OF SECOND PERSON	13B. PRINTED NAME	13C. TITLE/RELATIONSHIP TO PERSON IN PART I
▶ John M. Doe	John M. Doe	Son
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY
1234 Main Street, Sacramento, CA 95817		12/05/2007

STATE/LOCAL REGISTRAR USE ONLY

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION
▶	

APPLICATION TO AMEND A RECORD

TYPE OR PRINT CLEARLY IN BLACK INK ONLY
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

SAMPLE

If an *acceptable* application to amend the record is registered within one year of the date of the event, there is no processing fee; however, there is a fee required for a certified copy.

Enclosed is the fee of $_____ for a certified copy of the newly amended record.

If an *acceptable* application to amend the record is registered one year or more after the date of the event, there is a fee for filing the affidavit, which includes one certified copy. There is a fee for each additional certified copy. Please contact your Local Registrar, County Recorder, or the State Registrar for the current fees, or visit our website at www.cdph.ca.gov.

Enclosed is the fee of $ 23.00 for filing the affidavit and one certified copy of the newly amended record.

Enclosed is the fee of $_____ for an additional certified copy(ies) of the newly amended record.

John Doe
Printed Name of Applicant

1234 Main Street
Mailing Address of Applicant

Telephone Number (916) 555-5555

Sacramento, CA 95817
City, State, ZIP Code

GENERAL INFORMATION

1. The original certificate cannot be altered.
2. ***This amendment becomes a part of the original record, so please type or print clearly in black ink only.***
3. Please submit original amendment form only. Photocopies of the amendment form will be rejected.
4. Your certified copy will include a copy of the original certificate with a copy of the amendment.
5. ***The certified copy of the certificate and the attached amendment must remain together for the certified copy to be valid.***

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

1. ***This form becomes a part of the original record – type or print clearly in black ink only.***
2. No erasures, whiteouts, photocopies, or alterations allowed.
3. Complete Part I, Items 1 – 7, with the information as it appears on the original certificate.
4. Enter the certificate item number(s) to be corrected, either from the original or subsequent amendment, in Part II—Item 8. List one item per line.
5. Enter the incorrect information that appears on the original certificate in the line(s) provided below Item 9.
6. In Item 10, enter the correct information as it should appear for each item listed in Item 9.
7. Enter the reason for the correction in Item 11.
8. Read the affidavit statement. Two persons who are certifying to the statement of corrections must sign the form.
9. Do not write in Items 14 or 15. This space is reserved for State or Local Registrar use only.
10. Make check or money order payable to the Office of Vital Records. When the paperwork is properly completed and signed by two parties, return this form, together with the required fee(s), to:

California Department of Public Health
Office of Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of death records. All others will be issued **Certified Informational Copies** marked with the legend, **"Informational, Not A Valid Document to Establish Identity."**
Please indicate the type of certified copy you are requesting:

☐ I would like a **Certified Copy.** This copy will establish the identity of the registrant. (To receive a Certified Copy you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** by selecting from the list below **AND COMPLETE THE ATTACHED SWORN STATEMENT** declaring that you are eligible to receive the Certified Copy. The Sworn Statement **MUST BE NOTARIZED** if the application is submitted by mail **unless you are a law enforcement or local or state governmental agency**.)

☐ I would like a **Certified Informational Copy.** This document will be printed with a legend on the face of the document that states, **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

(A Sworn Statement does not need to be provided.)

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures, the documents contain the same information.

Fee: **$21 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

PLEASE ATTACH CHECK HERE

To receive a **Certified Copy** I am:

☐ A parent or legal guardian of the registrant (person listed on the certificate). **(Legal guardian must provide documentation.)**
☐ A party entitled to receive the record as a result of a court order. **(Please include a copy of the court order.)**
☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
☐ A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.
☐ Appointed rights in a power of attorney, or an executor of the registrant's estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date:

Agency Name (if applicable)	Agency Case Number	Inmate ID Number
Print Name of Applicant	Signature of Applicant	Purpose of Request
Mailing Address – Number, Street	Amount Enclosed – **DO NOT SEND CASH** **$**_____Check $_____Money Order	Number of Copies
City	Name of Person Receiving Copies, if Different from Applicant	
State/Province / ZIP Code	Mailing Address for Copies, if Different from Applicant	
Daytime Telephone (include area code) ( ) / Country	City / State	ZIP Code

DEATH RECORD INFORMATION (PLEASE PRINT OR TYPE)

Complete the information below as shown on the death record, to the best of your knowledge.

DECEDENT FIRST Name	**MIDDLE** Name	**LAST** Name	Sex ____Female ____Male
City of Death (must be in California)	County of Death	Date of Birth – MM/DD/CCYY	State of Birth
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched)		Social Security Number	
Mother/Parent Name (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last)	

INFORMATION:

Death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the death record.

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

2. Complete a separate application for each death record requested.

3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.

4. **SWORN STATEMENT:**

   - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1.
   - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
   - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.

5. Submit $21 for **each** copy requested. If no death record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

6. Mail completed applications with the fee(s) to:

California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(**Applicant's** Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20___, at _____, _____.
(Day) (Month) (City) (State)

_____
(**Applicant's** Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
(insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(SEAL)

_____
SIGNATURE OF NOTARY PUBLIC

CALIFORNIA COUNTY RECORDERS

Alameda……	1106 Madison Street, First Floor, Oakland, CA 94607, (510) 272-6362
Alpine……...	P.O. Box 155, Markleeville, CA 96120, (530) 694-2283
Amador…….	810 Court Street, Jackson, CA 95642, (209) 223-6468
Butte…….	25 County Center Drive, Suite 105, Oroville, CA 95965, (530) 538-7691
Calaveras……..	891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372
Colusa……...	546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500
Contra Costa…….	555 Escobar Street, or P.O. Box 350, Martinez, CA 94553, (925) 335-7900
Del Norte……..	981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216
El Dorado…….	360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno……...	2281 Tulare Street, Room 302, or P.O. Box 766, Fresno, CA 93712, (559) 600-3476
Glenn……	516 West Sycamore Street, Second Floor, Willows, CA 95988, (530) 934-6412
Humboldt…….	825 Fifth Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
Imperial……	940 West Main Street, Suite 202, El Centro, CA 92243, (760) 482-4272
Inyo……..	168 North Edwards Street, or P.O. Drawer F, Independence, CA 93526, (760) 878-0222
Kern…….	1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400
Kings……	Government Center, 1400 West Lacey Boulevard, Hanford, CA 93230, (559) 582-3211, ext. 2470
Lake…….	Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen……..	220 South Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234
Los Angeles…….	12400 Imperial Highway, Room 1002, Norwalk, CA 90650, (562) 462-2137 or 2101 or 2102
Madera…….	200 West Fourth Street, Madera, CA 93637, (559) 675-7724
Marin……	3501 Civic Center Drive, Room 234, San Rafael, CA 94903, (415) 473-6094
Mariposa……..	4982 Tenth Street, or P.O. Box 35, Mariposa, CA 95338, (209) 966-5719
Mendocino……...	501 Low Gap Road, Room 1020, Ukiah, CA 95482, (707) 463-4376
Merced…….	2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc……..	108 E. Modoc Street, Alturas, CA 96101, (530) 233-6205
Mono……	74 School Street, Annex 1, or P.O. Box 237, Bridgeport, CA 93517, (760) 932-5530
Monterey……..	168 West Alisal Street, First Floor, or P.O. Box 29, Salinas, CA 93902-0570, (831) 755-5041
Napa…….	900 Coombs Street, Room 116, or P.O. Box 298, Napa, CA 94559-0298, (707) 253-4105
Nevada…….	950 Maidu Avenue, Suite 210, Nevada City, CA 95959, (530) 265-1221
Orange…….	12 Civic Center Plaza, Room 101, Santa Ana, CA 92701, (714) 834-2500
Placer……...	2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600
Plumas…….	520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218 or (530) 283-6256
Riverside…….	2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (951) 486-7000
Sacramento……..	600 Eighth Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
San Benito……	County Courthouse, 440 Fifth Street, Room 206, Hollister, CA 95023-3896, (831) 636-4046
San Bernardino……	222 West Hospitality Lane, First Floor, San Bernardino, CA 92415-0022, (855) 732-2575
San Diego……	1600 Pacific Highway, Suite 260, San Diego, CA 92101, (619) 237-0502
San Francisco……..	One Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102, (415) 554-5596*
San Francisco Health Dept.	101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700**
San Joaquin…….	44 North San Joaquin Street, Suite 260, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-3939
San Luis Obispo……..	1055 Monterey Street, Room D120, San Luis Obispo, CA 93408, (805) 781-5080
San Mateo……	555 County Center, First Floor, Redwood City, CA 94063-1665, (650) 363-4500
Santa Barbara……..	1100 Anacapa Street, or P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250
Santa Clara……..	70 West Hedding Street, San Jose, CA 95110, (408) 299-5688
Santa Cruz……...	701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800
Shasta……...	1450 Court Street, Suite 208, Redding, CA 96001-1670, (530) 225-5678
Sierra……	100 Courthouse Square, Room 11, or P.O. Drawer D, Downieville, CA 95936, (530) 289-3295
Siskiyou ……..	311 Fourth Street, Room 108, Yreka, CA 96097, (530) 842-8065
Solano…….	675 Texas Street, Suite 2700, Fairfield, CA 94533-6338, (707) 784-6294
Sonoma……	585 Fiscal Dive, Room 103-F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651
Stanislaus……	1021 I Street, Suite 101, Modesto, CA 95354-0847, (209) 525-5250
Sutter……..	433 Second Street, Yuba City, CA 95991, (530) 822-7134
Tehama……	633 Washington Street, Room 11, or P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
Trinity…….	11 Court Street, or P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
Tulare……..	County Civic Center, 221 South Mooney Boulevard, Room 103, Visalia, CA 93291, (559) 636-5050
Tuolumne……	2 South Green Street, Sonora, CA 95370, (209) 533-5531
Ventura……	800 South Victoria Avenue, Ventura, CA 93009-1260, (805) 654-3665
Yolo……	625 Court Street, Room B01, or P.O. Box 1130, Woodland, CA 95776-1130, (530) 666-8130
Yuba……	915 Eighth Street, Suite 107, Marysville, CA 95901, (530) 749-7851

* Public Marriages
** Birth and Death Certificates

Rev 01/16/14