

# **APPLICATION FOR MEXICAN CERTIFICATE OF DEATH**

(Only for individuals who were born in Mexico)

## **INSTRUCTIONS:**

- 1. Fill out the application form completely.
- 2. Declare the cause of death in Spanish.

Full name:													
Date of Birth: _							_	Sex	: Male		Female	$\circ$	
	day	1	month	/	year								
Place of Rirth:													
i lace of Biltil.				Town			County		Sta	te			
											ologoción'	,	
											_	•	
Occupation:						Marit	al Status :	Single	$\mathcal{I}$	Marrie			
Decedent's Resi	dence:												
Dedeacht 5 Resi	acrioc.		nur	nber		street	apartm	ent	city	sta	te zip	code	
Name of the Eatl	her:								-		•		
Name of the Fati			Name(s	5)				Las	st name				
Name of the wor		N	lame(s)	)				Las	st name				
Data of Danth							<b>T</b> :	ma of D-	oth:		I_	ro	
Date of Death:	lav	1	month		Vea		- 11	me of De	atn:		n	rs.	
	•				•								
Place of Death (A	ddress	s):											
		nu	mber		street	•	apartment	city	sta	ate	zip code		
Cause of Death:													
Doctor who Certifies: License Number:													
Doctor's Address	s:						-l	-14		.1-1-	-!		
<b>T</b> 1							•				-		
								aispositi	ion:				
Address:													
								-		•			
Note: In ca	se that	the de	eceden	t was	born in	Mexico	City, please	e write dov	wn the na	me of	Delegacio	n".	
Full Name:													
							N - 4!   !4						
Date of Birth:				-,			Nationality:						
Date of Birth:	y /	mo	onth	1	year		Nationality:						
Date of Birth:day	y /						Nationality: Relationship						
day	y /												
day	<i>y</i> /				_	F	Relationship	to Dece	dent:				
day Ocupation:	y /	umber	-	stre	et	F aparti	Relationship	to Dece	dent:	zip	code		
day	y /	umber	-	stre	et	F aparti	Relationship	to Dece	dent:	zip	code		
day Ocupation: Address: Cell Phone:	y /	umber		stre	et	apartı E-mail:	Relationship ment	to Dece	dent: state	zip	code	_	
day Ocupation: Address: Cell Phone: the person prese	nting th	umber ne app	olicatio	stre	et	apartı E-mail:	Relationship ment	city C	state	zip e:	code	_	
day Ocupation: Address: Cell Phone:	nting th	umber ne app	olicatio	stre	et	apartı E-mail:	Relationship ment	city  Contact of R	state ell Phone	zip	code	_	
	Place of Birth:  Note: I  Occupation:  Decedent's Resi  Name of the Fath  Name of the Mot  Date of Death:  Cause of Death (A  Cause of Death:  Doctor who Certi  Doctor's Address  The remains will  Address:  Note: In ca	Date of Birth:  Note: In case  Occupation:  Decedent's Residence:  Name of the Father:  Name of the Mother:  day  Place of Death:  day  Place of Death (Address  Cause of Death:  Doctor who Certifies:  Doctor's Address:  The remains will be: Cre  Address:  nu  Note: In case that	Date of Birth:    day /     Place of Birth:	Date of Birth:    day / month    Place of Birth:	Place of Birth:  Note: In case that the decedent of Occupation:  Decedent's Residence:    number     Name of the Father:   Name(s)     Name of the Mother:   day / month /   Place of Death (Address):   number     Cause of Death:   Name(s)     Doctor who Certifies:   Name(s)     Doctor's Address:   number     The remains will be: Cremation   Back     Address:   number   street     Note: In case that the decedent was	Date of Birth:    day / month / year	Date of Birth:    day / month / year	Date of Birth:    day / month / year	Date of Birth: day / month / year  Place of Birth: Town County  Note: In case that the decedent was born in Mexico City, please state  Occupation: Marital Status : Single of Marital Status	Date of Birth: day / month / year	Date of Birth:	Date of Birth:	

## **MEXICAN CERTIFICATE OF DEATH**

To facilitate the transfer of human remains to Mexico, and in order to avoid later complications, you are informed that the Mexican Customs and Health authorities require the Original Mexican Certificate of Death or U.S. Certificate of Death original, apostilled and translated to Spanish, along with the corresponding Transit Permit (Application and Permit for Disposition of Human Remains issued by San Diego County Vital Records located at 3851 Rosecrans St. SD, 92110), and Original Embalming Certificate. Both documents with the corresponding visas (the visas are issued by this Consulate).

#### **PROCESS:**

The initial process is being carried out electronically. You must send all original documents legibly scanned -in PDF format, or as photographs attached to your message, not within the text- to the email address <a href="mailto:registrocivilsdi@sre.gob.mx">registrocivilsdi@sre.gob.mx</a>, for review. Once the documentation is complete and approved, this Consulate will provide you with a second appointment to process the certificate. In that second appointment the certificate of death will be issued, if possible, the same day or the next business day after the appointment. The presence of the informant is essential to sign documents.

## **REQUIRED DOCUMENTATION:**

- **1. Complete the application**. This document has to be filled out completely.
- **2. U.S. Certificate of Death. Original and** <u>2 letter sized copies</u>. The original certificate of death will not be returned. Any damaged, illegible, or mutilated document is no acceptable. The American certificate of death <u>must state the full name of the decedent as name or AKA</u>.
- 3. Mexican Birth Certificate of the decedent person. Original and 2 letter sized copies.
- **4. Valid official photo ID of the informant stating expiration date, name, and signature.**Original and 2 letter sized copies. You can present a Mexican passport, Voters Credential issued by the National Electoral Institute, National Military Service Card, driver's license issued by the California Department of Motor Vehicles (DMV), or DMV ID card. The informant is the person who delivers signs and receives the documentation.
- 5. Each original Mexican Certificate of Death has a fee of \$19.00 dollars.
- **6. Optional-.Valid official photo ID of the decedent stating expiration date, name, and signature.** Original and 2 letter sized copies. You can present a Mexican passport, Voters Credential issued by the National Electoral Institute, National Military Service Card, driver's license issued by the California Department of Motor Vehicles (DMV), or DMV ID card.

#### ADDITIONAL INFORMATION

- Documents that are damaged, mutilated, torn, crossed out, erased or illegible are NOT accepted. Abstracts of the certificates (birth, marriage and/or death) are also NOT accepted.
- Regarding the documents to apply for a visa for the transfer of remains (ashes and/or embalming), you must contact the Department of Vital Records of this Consulate.
- All applications are subject to document review for approval. In some cases, additional documentation may be required.

If you may have any further questions, please contact our Vital Records Department at: (619) 308-9913