

KERN COUNTY DEPARTMENT OF PUBLIC HEALTH

Office of Vital Statistics

Death Certificate Request

Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ City of Death: \_\_\_\_\_

Please mark the appropriate choice below:

- A parent or legal guardian of the registrant
- Law Enforcement or a Government Agency
- A child, sibling, spouse, grandchild, grandparent 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

If none of the above apply, please mark the following choice:

- I would like an Informational Copy for the record identified on this order form

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California  
(please print your name)  
that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and I am eligible to receive a certified copy of the death certificate as the above named individual.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year) (City) (State)

Your signature: \_\_\_\_\_

If making request for certificates via U.S. Mail,  
this form (your signature) **must be notarized** and include a self  
addressed, stamped envelope

Please make checks payable to KCDPH and mail to:  
Kern County Department of Public Health  
Vital Statistics Office - 1st Floor  
1800 Mt. Vernon Ave.  
Bakersfield, CA 93306

<b>Official Use Only</b>
Identification type: _____
Identification number: _____
LRN#: _____
#CC: _____ CC#: _____