

**KERN COUNTY DEPARTMENT OF PUBLIC HEALTH**

Office of Vital Statistics

**Birth Certificate Request**

Baby's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_ Father's name: \_\_\_\_\_

To receive a Certified Copy of the record identified on this form, please mark the appropriate relationship and fill out the Sworn Statement below. If making this request via U.S. Mail, you must have your signature notarized and include a self addressed, stamped envelope along with your payment and this order form.

- Self
- Parent / Legal Guardian
- A child, sibling, spouse, grandchild, grandparent or domestic partner of the registrant
- Attorney of Record
- Law Enforcement and/or Government Agency

If none of the relationships above apply and to receive an Informational Certified Copy of the record identified on this form, please mark the box below **only**. If making this request via U.S. Mail, include a self addressed, stamped envelope along with your payment and this order form.

I would like an Informational Certified Copy of the record identified on this order form

**Sworn Statement**

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 birth certificate of the above named individual.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year) (city) (state)

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

Please make check or money order 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#: _____