

**KERN COUNTY DEPARTMENT OF PUBLIC HEALTH**  
Office of Vital Statistics

**Funeral Establishment Death Certificate / Burial Permit request with Sworn Statement**

I, \_\_\_\_\_, representative for \_\_\_\_\_, telephone (\_\_\_\_) \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California, 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 death record of the following individual:

**Required information to process order:**

Decedent's Name (first, last):	Date of Death:
LRN (last 4 digits):	Date order placed:

Credit card authorization form attached

**Please specify what type of certificate you are requesting:**

	Quantity	Amt. due
Burial Permit (date issued: _____) (\$12.00 each)		
Certified Death Certificate (\$21.00 each)		
Veterans Certified Death Certificate (No cost, 1 copy only)		No cost
Certified Fetal Death Certificate (\$18.00 each)		
Certified Pending Certificate (\$21.00 each)		
Certified Amended Final Certificate (\$21.00 each)		
<b>Order total:</b>		

I am a Funeral Director that orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of Health and Safety Code 103526(c).

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

Day Month Year City State

Funeral Director's signature: \_\_\_\_\_

**Please note:**

- We will only accept payment for certificates that are available at the time of order
- If request is placed via U.S. Mail, please include a self addressed stamped envelope
- Orders will not be mailed to a 3rd party

<b><u>Official Use Only</u></b>
Date paid: _____
Receipt #: _____
Check #: _____
Visa / MasterCard
Certificate #: _____