

KERN COUNTY DEPARTMENT OF PUBLIC HEALTH

Office of Vital Statistics

Death Certificate Request

Name of Decedent: _____

Date of Death: _____ City of Death: _____

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.

- A parent or legal guardian of the registrant
- A child, sibling, spouse, grandchild, grandparent or domestic partner of the registrant
- Law Enforcement or a Government Agency
- 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 relationships listed 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 death certificate for 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

Official Use Only
Identification type: _____
Identification number: _____
LRN#: _____
#CC: _____ CC#: _____