



### **Birth Certificate Request**

(\$25 per copy)

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
- A parent or legal guardian
- A child, sibling, spouse, grandchild, grandparent or domestic partner
- Law Enforcement or a Government Agency
- Attorney of Record

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

Name of requestor: \_\_\_\_\_

Name of business (if applicable): \_\_\_\_\_

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