KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

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)		
Order total:		

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 Heatlh 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

Official Use Only
Date paid: _____
Receipt #: _____
Check #: _____
Visa / MasterCard
Certificate #: _____