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Death Certificate Request

(\$24 per copy)

Name of Decedent: Amended

Date of Death: City of Death:

Please mark your relationship to the person named above and fill out the Sworn Statement below.

- A parent
A legal guardian (must provide supporting documents)
A child
A sibling
A spouse or registered domestic partner
Grandchild or grandparent
Law Enforcement or a Government Agency
Authorized by Court Order (INCLUDE A COPY OF THE COURT ORDER)
Attorney representing decedent or decedent's estate
Surviving next of kin (SPECIFIED IN HSC §7100)
Power of Attorney/Executor of Estate(INCLUDE A COPY OF THE POA/DOCUMENTATION IDENTIFYING YOU AS EXECUTOR)

None. If none of the relationships above apply, you will receive an Informational Certified Copy stamped with: "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" Sworn Statement not needed.

Name of Requestor:

Name of business (if applicable):

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.

Sworn Statement

I, (please print your name), 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 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#:
Receipt CC#: