



BRYNN CARRIGAN
DIRECTOR

KRISTOPHER LYON, MD
HEALTH OFFICER

1800 MT. VERNON AVENUE

BAKERSFIELD, CALIFORNIA 93306-3302

661-321-3000

WWW.KERNPUBLICHEALTH.COM

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 (\$24.00 each) | | |
| Veterans Certified Death Certificate (No cost, 1 copy only) | | No cost |
| Certified Fetal Death Certificate (\$21.00 each) | | |
| Certified Pending Certificate (\$24.00 each) | | |
| Certified Amended Final Certificate (\$24.00 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 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

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