



Birth Certificate Request

(\$29 per copy)

Name on Certificate: \_\_\_\_\_ Amended

Date of Birth(mm/dd/yr): \_\_\_\_\_ Hospital: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Name of Parent: \_\_\_\_\_
First Last - Birth Name First Last - Birth Name

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

I am:

- Self
A parent
A legal guardian (must provide supporting documents)
A child
A sibling
A spouse or registered domestic partner
Grandchild or grandparent
Law Enforcement, a Government Agency, or a Licensed Adoption Agency
An attorney representing the registrant or the registrant's estate

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, \_\_\_\_\_, 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 birth certificate of the above named individual.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_ in \_\_\_\_\_, \_\_\_\_\_.

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#: \_\_\_\_\_