



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, _____, 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 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

REV. 09/2023

Official Use Only
Identification type: _____
Identification number: _____
LRN#: _____
Receipt: _____ CC#: _____

