



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
First Last
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 _____.
(day) (month) (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#: _____

