



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, 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)

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 Requester: _____

Name of business (if applicable): _____

Sworn Statement

I, _____, swear under penalty of perjury under the laws of the State of California that I
First Last
 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 of the above named individual.

Sworn this _____ day of _____, 202__ in _____, _____ State .
Day Month City State

Your signature: _____

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.

Please make check or money order payable to KCPH and mail to:
Kern County Public Health
Vital Statistics Office - 1st Floor
1800 Mt. Vernon Ave.
Bakersfield, CA 93306

OFFICIAL USE ONLY

Identification type: _____

Identification number: _____

LRN#: _____

Receipt: _____ CC#: _____

Grounded in Health