



## Death Certificate Request

(\$26 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 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 .

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*

REV. 11/2025