

KERN COUNTY DEPARTMENT OF PUBLIC HEALTH

Office of Vital Statistics

Birth Certificate Request

Baby's name: _____

Date of Birth: _____ Hospital: _____

Mother's maiden name: _____

Father's name: _____

Please mark the appropriate choice below:

- Self
- Parent / Legal Guardian
- Grandparent
- Sibling
- Attorney of Record
- Law Enforcement and/or Government Agency

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 birth certificate as the above named individual.

Sworn this _____ day of _____, _____ in _____, _____.
(day) (month) (year) (city) (state)

Your signature: _____

If making request for certificates via U.S. Mail,
this form (your signature) **must be notarized** and include a self
addressed, stamped envelope

Please make checks payable to KCDPH and mail to:
Kern County Department of Public Health
Vital Statistics Office - 1st Floor
1800 Mt. Vernon Ave.
Bakersfield, CA 93306

<u>Official Use Only</u>
Identification type: _____
Identification number: _____
LRN#: _____
#CC: _____ CC#: _____