APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

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Effective July 1, 2003, **Certified Copies** to establish the identity of a registrant can be issued **ONLY** to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are **NOT** valid to establish identity.

Fee: $24 per copy (check or money order payable to the Kern County Recorder)

Hall of Records, 1655 Chester Avenue, Bakersfield, CA 93301 (661) 868-6449

If no record is found, the fee(s) will be retained for searching the record (as required by law) and a Certificate of No Record Found will be issued to the applicant.

Please indicate the type of certified copy you are requesting:

☐ I would like a **Certified Copy**. This copy will establish the identity of the registrant. (To receive a Certified Copy you ***MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT*** by selecting from the list below ***AND COMPLETE THE ATTACHED SWORN STATEMENT*** declaring that you are eligible to receive the Certified Copy. The Sworn Statement ***MUST BE NOTARIZED*** if ***the application is submitted by mail unless you are a law enforcement, local or state government agency or funeral director.)***

☐ I would like a **Certified Informational Copy**. This document will be printed with perforated text which states, **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

(A Sworn Statement and Certificate of Acknowledgment are not required for a Certified Informational Copy.)

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the perforated text, the documents contain the exact same information.

To receive a **Certified Copy**, I am:

- ☐ A parent or legal guardian of the registrant.
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. *(Companies representing a government agency must provide authorization from the government agency.)*
- ☐ A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. *(If you are requesting a Certified Copy under a Power of Attorney, please include a copy of the Power of Attorney with this application form.)*
- ☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) **Today's Date:** _____

Agency Name (if appropriate)	Agency Case No. (if appropriate)	Purpose of Request:		
Printed Name **and Signature** of Applicant			Number of Copies	Amount Enclosed
Mailing Address—Number, Street		Name of Person Receiving Copies, If Different From Applicant		
City	State/Province	ZIP Code	Mailing Address for Copies, If Different From Applicant	
Daytime Telephone (include Area Code) ( )	Country	City	State/Province	ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent - Last	**FIRST**	**MIDDLE**	
City of Death	County of Death (must be Kern county)	Date of Birth MM/DD/CCYY	Sex ☐ Female ☐ Male
Date of Death - MM/DD/CCYY (or period of years to be searched)			

INCLUDE A SELF-ADDRESSED PREPAID RETURN ENVELOPE FOR RETURN BY MAIL

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)
State of California, that I am an authorized person, as defined in California Health and Safety Code 103526(c), and am eligible to receive a certified copy of the death record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public)

Subscribed to this _____ day of _____, 20____, at _____, _____
(Day) (Month) (City) (State)

_____
(Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement, local and state government agencies, and Funeral Directors are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ }
County of _____}

On _____, before me, _____a Notary Public, personally appeared
(Date) (insert name of Notary Public)

_____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(SEAL)

_____
SIGNATURE OF NOTARY PUBLIC