

BIRTH CERTIFICATE REQUEST FORM

If applying in person, please complete form and bring with you.
If mailing form, please complete and have notarized below.

Official Use Only
Identification # _____
Identification Type _____

Baby's Name _____

Date of Birth _____ / _____ / _____ Hospital _____
(Month) (Day) (Year)

Mother's Maiden Name _____

Father's Name _____

I am: (Please check one)

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

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in Californian Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth certificate as the above name individual.

Sworn this _____ day of _____, _____, at _____
(Day) (Month) (Year) (City)

IF YOU APPLY IN PERSON, sign in the presence of Vital Statistics staff.

Signature _____

IF MAILING REQUEST, complete below. (Form must be NOTARIZED)

Mailing Address: _____

City: _____

State: _____ ZIP: _____ Phone Number: () _____

TO BE COMPLETED BY NOTARY PUBLIC/CERTIFICATE OF ACKNOWLEDGEMENT

State of _____)ss County of _____

On _____, before me _____

Personally appeared _____ who proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is subscribed to the within instrument and acknowledge to that he/she/they executed the same in his/her authorized capacity(ies), and that his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. **WITNESS my hand and official seal.**

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Signature _____ (Seal) _____

Effective 1/1/2014, Birth Certificates are \$25.00 each. Available 8am to 4:30pm Mon-Fri.
If requesting by mail, please allow 4 to 6 weeks, your cancelled check or money order receipts is your receipt.
Please make checks payable to: **KCDPH** and mail to: **Kern County Department of Public Health, Vital Statistics – 1st Floor, 1800 Mt. Vernon Avenue, Bakersfield, CA 93306-3302**