

# APPLICATION FOR CERTIFIED COPY OF **FETAL DEATH** RECORD

**Fee: \$18 per copy** (check or money order payable to the Kern County Recorder)

*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.*

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				Today's Date: _____	
Agency Name (if appropriate)	Agency Case No. (if appropriate)	Purpose of Request:			
Printed Name <b>and Signature</b> 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
FETAL DEATH INFORMATION (PLEASE PRINT OR TYPE)					
LAST Name on Certificate		FIRST Name on Certificate		MIDDLE Name on Certificate	
City of Fetal Death (Must be in Kern County)				County of Death (must be Kern County)	
Date of Fetal Death—MM/DD/CCYY (if unknown, enter approximate date of fetal death)				Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
FATHER'S/PARENTS LAST NAME		FATHER'S/PARENTS FIRST NAME		FATHER'S/PARENTS MIDDLE NAME	
MOTHER'S/PARENTS LAST NAME		MOTHER'S/PARENTS FIRST NAME		MOTHER'S/PARENTS MIDDLE NAME	

**INSTRUCTIONS:**

1. Complete a separate application for each fetal death record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death Information** section, provide all the information you have available to identify the fetal death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
3. Submit \$18 for **each** copy requested. If no fetal death record is found, the \$18 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the Kern County Recorder.

Mail this application with the fee(s) to the address below.

**KERN COUNTY RECORDER'S OFFICE**  
**1655 CHESTER AVENUE**  
**BAKERSFIELD, CA 93301**  
**(661) 868-6449**

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

FETAL DEATH