

APPLICATION FOR DEATH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an **AUTHORIZED** certified copy of a death record:

- ◆ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business
- ◆ A child, parent, legal guardian, grandparent, grandchild, sibling, 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
- ◆ Any individual described in paragraphs (1) to (8), inclusive, of subdivision (a) Section 7100 of the Health and Safety Code
- ◆ Any funeral director or agent/employee of a funeral establishment acting within the scope of their employment who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (8), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code

MAIL REQUESTS FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY.

Those who are not authorized may receive an **INFORMATIONAL** certified copy with the words, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

WE CAN ONLY PROVIDE COPIES FOR DEATHS THAT OCCURRED IN LOS ANGELES COUNTY.

CERTIFICATE TYPE: I am requesting an **AUTHORIZED** copy.
 I am requesting an **INFORMATIONAL** copy.

<i>Please PRINT all information legibly. Por favor imprima toda la informacion legible.</i>		NUMBER OF COPIES/ NUMERO DE COPIAS	FOR RECORDER USE ONLY _____
Date of Death – Fecha De Defuncion	Month/Mes	Day/Dia	
NAME OF DECEASED (first, middle, last) – NOMBRE DEL DIFUNTO (primero, segundo, apellido)		DATE OF BIRTH – FECHA DE NACIMIENTO	
CITY OF DEATH – CIUDAD DE DEFUNCION	NAME OF MOTHER/PARENT – NOMBRE DE MADRE/PADRE		
YOUR RELATIONSHIP TO REGISTRANT (SEE ABOVE) – SU PARENTESCO CON LAS PERSONA REGISTRADA (VEÁSE ARRIBA)			File Number Searched: _____ Doubled: _____
<p>Declaration of Penalty of Perjury/Declaración de Pena por Perjurio:</p> <p>I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date/Fecha _____ Signature/Firma _____</p>			
			Veterans – See reverse of this application. Veteranos – Ver el reverso de la aplicación.

DL/ID _____ Phone Number: (____) _____

Complete your name and mailing address below. Print legibly.
Escriba abajo su nombre y direccion. Imprima legible.

NAME/NOMBRE		
STREET ADDRESS/NUMERO Y CALLE		
CITY/CIUDAD	STATE/ESTADO	ZIP/ZONA POSTAL

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California). If qualified, we will mail the certificate to the Veteran Benefit Agency.

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS,
EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

_____ in a claim for _____
FEDERAL OR STATE AGENCY TYPE OF BENEFIT

_____ DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

NUMBER-STREET

CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.



LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

DEAN C. LOGAN
Registrar-Recorder/County Clerk

CERTIFICATE OF IDENTITY/SWORN STATEMENT FOR BIRTH, DEATH & PUBLIC MARRIAGE RECORD

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth, Death or Public Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or public marriage record: Individual named on certificate, Parent, Child, Legal guardian/custodian, Grandparent, Grandchild, Sibling, Spouse/Domestic partner, Attorney for individual/estate of individual or Representative of an adoption agency (birth only), Funeral director or agent/employee (death only).

This certificate must be signed in the presence of a Notary.

Name(s) on Certificate	Relationship

I, _____ (Print Name), declare 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 am eligible to receive a certified copy of the birth, death or public marriage record for the individual(s) listed above.

Subscribed to the _____ day of _____ 20____, at _____, _____.
(Day) (Month) (Year) (City) (State)

Signature: _____

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.

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) ss
County of _____)

On _____, before me _____ personally appeared
(Date) (Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person 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. (NOTARY SEAL)

NOTARY SIGNATURE
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