Los Angeles County   Application to Examine Death Record*
Registrar-Recorder/County Clerk
Birth, Death and Marriage Records

Authorization is requested to examine the following death record:

(PLEASE PRINT)
Years to be searched_____ to _____

NAME OF DECEASED_____
                          FIRST   MIDDLE   LAST

PLACE OF DEATH _____
                   CITY IN LOS ANGELES COUNTY WHERE DEATH OCCURRED

DATE OF DEATH_____
                   MONTH   DAY   YEAR

THE PURPOSE OF SEARCH _____

_____   Application Approved By
Signature of Applicant   REGISTRAR-RECORDER/COUNTY CLERK

ID#_____ EXP. DATE_____

_____   _____
            DATE   DEPUTY

*NOTE: A search fee, payable in advance, is required by state law under the following conditions:
            (1)   If the search is performed by a Deputy.
            (2)   If the record is retrieved by a Deputy.

Please read and sign the following:

I _____ , agree to the following when viewing the Death
                PRINT NAME HERE
record in the custody of the Los Angeles Registrar-Recorder/County Clerk.

1.   Any analysis, interpretation or conclusion that is reached regarding the death record indices are my own and
      not that of the State Department of Health Services or the Los Angeles County Registrar-Recorder/ County
      Clerk.
2.   Any technical descriptions of the death record indices are consistent with those provided by the State
      Department of Health Services.
3.   I will not sell, assign or otherwise transfer information from the death record indices.
4.   I will not use the death record indices for fraudulent purposes.
5.   I will not post information from the death on the Internet.

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

_____   _____
            Signature   Date