

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, 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 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 (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

If applying in person the application must be signed in the presence of the cashier.

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.

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

I am requesting an **AUTHORIZED** copy

I am requesting an **INFORMATIONAL** copy

	NUMBER OF COPIES NUMERO DE COPIAS			FOR RECORDER USE ONLY
Month/Mes Day/Día Year/Año				
Date of Death – Fecha De Defuncion				
NAME OF DECEASED (first, middle, last) –NOMBRE DEL DIFUNTO (primero, segundo, apellido)				File Number
CITY OF DEATH – CIUDAD DE DEFUNCION				Searched _____
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSONA REGISTRADA (VEÁSE ARRIBA)				Doubled _____
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____				Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia

DL/ID _____

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)

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.



COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK
 P.O. BOX 489, NORWALK, CALIFORNIA 90651-0489 - www.lavote.net

"Enriching Lives"

DEAN C. LOGAN
 Registrar-Recorder/County Clerk

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

In accordance with California State Law, the following identifying information is required to obtain a certified copy of 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, grandparents, 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, _____, 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 or death record for the individual(s) listed above.
 (Print Name)

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

 (Signature)

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) ss
 County of)

On _____, before me _____ personally appeared
 (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 he/she executed the same in his/her authorized capacity, and that by his/her 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