

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
313 N. FIGUEROA ST. RM L-1, LOS ANGELES, CA 90012 (213) 240-7812**

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

- ❖ The registrant or a parent or legal guardian of the registrant
- ❖ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code
- ❖ 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 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.

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

AGE LAST BIRTHDAY - EDAD CUMPLIDA	NUMBER OF COPIES		
	NUMERO DE COPIAS		
Month/Mes Day/Dia Year/Año			
Date of Birth - Fecha De Nacimiento			
NAME GIVEN AT BIRTH (first, middle, last) -NOMBRE DE NACIMIENTO (primer, segundo, apellido)			
CITY OF BIRTH - CIUDAD DE NACIMIENTO			
NAME OF FATHER - NOMRE DEL PADRE			
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE			
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - PARENTESCO CON LAS PERSONA REGISTRADA (VEASE ARRIBA)			
<p>I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(c), and am eligible to receive an AUTHORIZED certified copy of the birth record identified on this application form.</p> <p>Sworn this _____ day of _____, _____ at _____</p> <p>Signature_____</p>			

<b>FOR DPH USE ONLY</b>
Receipt/Log #
BNPNS#

**Veterans-See reverse side of first copy  
Veteranos-Vean el dorso de la segunda copia**

DL/ID\_\_\_\_\_ Phone Number\_\_\_\_\_

**Complete your name and mailing address below. - *Escriba abajo su nombre y direccion.***

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

**Cashier Copy**

# 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.

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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.

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