COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH 313 N. FIGUEROA ST. RM L-1, LOS ANGELES, CA 90012 (213) 240-7816

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

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

☐ Pickup ☐ I am requesting an AUT	HORIZED cop	у 🗆	l I am r	equestir	ng an IN	FORMAT	TONAL copy
	BER OF COPIES ERO DE COPIAS					F	OR DPH USE ONLY
	Month/Me	s Day	//Dia	Year	r/Año	Poc	oint/Log #
Date of Death - Fecha De Defuncion						Rec	eipt/Log #
NAME OF DECEASED (first, middle , last) -NOMBRE DE DIFUNTO (primer, segundo, a	pellido)		•				
CITY OF DEATH - CIUDAD DE DEFUNCION						BNF	NS#
CITY OF DEATH - CIUDAD DE DEFUNCION							
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSONA REGIS	STRADA (VEASE ARRIBA)						
I swear (or affi authorized person, as defined in California Health at eligible to receive an AUTHORIZED certified copy of form. Sworn this day of,	nd Safety Code the death recor at	Section didentif	103525 ied on t	(c), and a this applic	.m		eterans-See reverse side of first copy eteranos-Vean el dorso de la segunda copia
DL/ID/FD License #	Phone Nur	mber					
MAIL TO: (Applicant or Funeral Director)							
Complete your name and mailing address below. – Es	criba abajo su i	nombre y	direcci	ion.			
NAME/NOMBRE							
STREET ADDRESS/NUMERO Y CALLE							

Cashier Copy

CITY /CIUDAD

STATE/ESTADO

ZIP/ZONA POSTAL

Rev. 4/16

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 qua	lify for a free certified copy und	der these provisions	s, complete the following affida
	ee certified copy of the record to the free copy is to be furnished		rerse side and declare under
	in a cla	aim for	
FEDERAL OR S			TYPE OF BENEFIT
DATE	SIGNATURE OF VETERAN OF	R 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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I swear (authorized person, as defined in California He eligible to receive an AUTHORIZED certified co form. Sworn this day of,	alth and Safety Code S py of the death record at	ection 103525 identified on t	(c), and am this application	Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia
DL/ID/FD License #	Phone Num	ber		
MAIL TO: (Applicant or Funeral Director)				
Complete your name and mailing address below	v. – Escriba abajo su no	ombre y direcc	ion.	
NAME/NOMBRE				
STREET ADDRESS/NUMERO Y CALLE				
CITY (CHIDAD STATE (ESTADO 710/70NIA DOSTA)				

Customer Receipt