

**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 **AUTHORIZED** copy I am requesting an **INFORMATIONAL** copy

	NUMBER OF COPIES			
	NUMERO DE COPIAS			
Month/Mes		Day/Dia		Year/Año
Date of Death - Fecha De Defuncion				
NAME OF DECEASED (first, middle , last) -NOMBRE DE DIFUNTO (primer, segundo, apellido)				
CITY OF DEATH - CIUDAD DE DEFUNCION				
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 death record identified on this application form.</p> <p>Sworn this _____ day of _____, _____ at _____</p> <p>Signature_____</p>				

FOR DPH USE ONLY
Receipt/Log #
BNPNS#

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

DL/ID/FD License # _____ Phone Number _____

MAIL TO: (Applicant or Funeral Director)

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

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Customer Receipt