

**PUBLIC HEALTH INVESTIGATION
CUSTODIAN OF RECORDS
REQUEST FOR PORT OF ENTRY LETTER**

TEL (323) 890-7806

FAX (323)728-0217

All Port of Entry requests submitted after 4:00 PM will be ready for pick up after 10:00 AM of the next business day.

All Port of Entry Letters must be picked up at the Customer Service window with the following before a Port of Entry Letter will be released:

- Request for Port of Entry Letter, typed or written in blue or black ink
- Original Death Certificate Note: Abstracts will not be accepted
- If Deferred Case, the Deferral Letter from the Coroner's Office
- Check or Money Order made payable to the County of Los Angeles in the amount of \$10.00 (Cash will not be accepted)
- Personal Identification is required for Personal Checks.

Submit your request to Public Health Investigation, Custodian of Records Office, to Fax number (323) 728-0217, Email to phicor@ph.lacounty.gov, or mail to:

Public Health Investigation
5555 Ferguson Drive Suite 120-04
Commerce, CA 90022

Requestor Information- Note: All Information Required

<i>Mortuary Name</i>		
<i>Contact Person Name</i>		
<i>Address</i>	<i>City</i>	<i>Zip</i>
<i>Phone</i>	<i>Fax</i>	<i>Email</i>

Record Information

<i>Is this an L.A. County Death Certificate?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Is this a Deferred Case?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, were the remains cremated?</i>		
<i>If yes, deferral letter not needed.</i>		
<i>If no, do you have the deferral letter from the County Coroner? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
<i>(This deferral letter is needed to release our Port of Entry Letter)</i>		
<i>Name of Deceased(Must match name on death certificate exactly)</i>		
<i>Date of Death</i>		
<i>Any Type of Contagious Disease</i>		
AIDS <input type="checkbox"/> TB <input type="checkbox"/> Hepatitis <input type="checkbox"/> None <input type="checkbox"/> Other _____		
<i>Destination of remains/cremains</i>		
El Salvador <input type="checkbox"/> Greece <input type="checkbox"/> Guatemala <input type="checkbox"/> Korea <input type="checkbox"/> Italy <input type="checkbox"/> Mexico <input type="checkbox"/>		
Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> Egypt <input type="checkbox"/> Other <input type="checkbox"/> : _____		
<i>Date/ Time of Pick Up (Please give at least 2 hours from time of request)</i>		