



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH VITAL RECORDS OFFICE

313 N. FIGUEROA ST. L-1, LOS ANGELES, CALIFORNIA 90012 Birth: (213) 288-7812 / Death: (213) 288-7816

CERTIFICATE OF IDENTITY/SWORN STATEMENT - BIRTH & DEATH

In accordance with California State Law, the following identifying information is required to obtain a certified copy of Birth or Death Certificate. You must be one of the following to receive an authorized copy of a birth or death 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).

		icate must be signed			y •	
	Name(s) Listed on Co		Applicant's Relationship to Name(s) Lister Certificate			on
State of Cali	(Applicant's Printed Nornia, that I am an auth	Jame) orized person, as defined in the birth or death record for	n California Health and	Safety Code		, and am
Subscribed to	o the day of	20 , at			, .	
	(Day)	20, at (Month)	(City)		(State)	
	(Appli	cant's Signature)				
Mailing Addr		, 				
iviaiiiig Addi	(Street)	(City)		(State)	(Zip)	
	CE	RTIFICATE OF AC	KNOWLEDGM	IENT		
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SIGNATURE OF NOTARY PUBLIC