



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS OFFICE

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

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).

This certificate must be signed in the presence of a Notary.

Name(s) on Certificate	Relationship

I, _____, declare under penalty of perjury under the laws of the State of

(Print Name)

California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth or death record for the individual(s) listed above.

Subscribed to the _____ day of _____ 20____, at _____, _____.

(Day)

(Month)

(City)

(State)

(Signature)

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA

)

) ss

County of

)

On _____, before me _____ personally appeared

(Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(NOTARY SEAL)

NOTARY SIGNATURE