

NOTARY SIGNATURE

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 | | |
|--------------------------------------|---|---|---------------------------|--|
| , , | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| l, | | , declare under penalty of perju | ry under the laws of the | |
| State of (Print Name) | | | | |
| California, that I am an authorize | | California Health and Safety Code Se | ection 103526(c), and am | |
| eligible to receive a certified copy | of the birth or death reco | ord for the individual(s) listed above. | | |
| Subscribed to the da (Day) | y of 20 | , at(City) | ,(State) | |
| (Day) | (MOHUI) | (City) | (State) | |
| | | | | |
| | | (Signature) | | |
| | CERTIFICATE OF | ACKNOWLEDGMENT | | |
| STATE OF CALIFORNIA | , | | | |
| STATE OF CALIFORNIA |)) ss | | | |
| County of |) | | | |
| | , before me | | personally | |
| appeared | (Insert name and title of officer here) | | | |
| | , who pro | ved to me on the basis of satisfact | ory evidence, to be the | |
| person whose name is subscribe | ed to the within instrumer | nt and acknowledged to me that he/si | he executed the same in | |
| his/her authorized capacity, and | that by his/her signature | e on the instrument the person, or t | he entity upon behalf of | |
| which the person acted, executed | d the instrument. | | | |
| Loomitic under DENIALTY OF DET | O II IDVda the eller | the Otate of California that the f | ton management to tonic a | |
| • | RJURY under the laws of | the State of California that the forego | ing paragraph is true and | |
| correct. | | WITNESS my hand | and official soal | |
| | | (NOTARY SEAL) | anu oniciai seai. | |
| | | (NOTANT SEAL) | | |
| | | | | |