

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH 313 N. FIGUEROA ST. RM L-1, LOS ANGELES, CA 90012 (213) 288-7812



APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth 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

□ I am requesting an AUTHORIZE	D copy	l am requesti	ng an INFORMATIC	DNAL copy
AGE LAST BIRTHDAY - EDAD CUMPLIDA	NUMBER OF COPIES NUMERO DE COPIAS			FOR DPH USE ONLY
	Month/Mes	Day/Dia	Year/Año	Receipt/Log #
Date of Birth - Fecha De Nacimiento)			
NAME GIVEN AT BIRTH (first, middle , last) -NOMBRE DE NACIMIENTO (prin	ner, segundo, appellido)]
CITY OF BIRTH - CIUDAD DE NACIMENTO				_ BNPNS#
NAME OF FATHER - NOMRE DEL PADRE				
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE				
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSO	na registrada (vease arriba)			Veterans-See reverse side
I swear (of authorized person, as defined in California Heat to receive an AUTHORIZED certified copy of the Sworn this day of,	alth and Safety Code : birth record identifi	Section 10352 ed on this app	5(c), and am eligible ication form.	of first copy Veteranos-Vean el dorso de la segunda copia
Signature				
DL/IDPhone	Number			
Complete your name and mailing address below	. – Escriba abajo su n	ombre y direcc	ion.	
NAME/NOMBRE				
STREET ADDRESS/NUMERO Y CALLE				
CITY / CIUDAD STATE/ESTADO ZIP/ZONA POSTAL				

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare und penalty of perjury that the free copy is to be furnished to	If you believe you qualif	y for a free certified c	opy under these provision	ns, comple	ete the following affida	
FEDERAL OR STATE AGENCY TYPE OF BENEFIT DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT				everse sid	e and declare under	
DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT			in a claim for			
				TYPE OF	DF BENEFIT	
NUMBER-STREET	DATE	SIGNATURE OF V	ETERAN OR AUTHORIZED AGENT	.– REL	ATIONSHIP OF AGENT	
NUMBER-STREET						
NUMBER-31 REE I	_	NUMBER CERET				
CITY STATE ZIP	_		CTATE	710		

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH 313 N. FIGUEROA ST. RM L-1, LOS ANGELES, CA 90012 (213) 288-7812



APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth 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

☐ I am requesting an AUTHOI	RIZED copy □ I a	am requesting	an INFORMATIO	IAL copy
AGE LAST BIRTHDAY - EDAD CUMPLIDA	NUMBER OF COPIES NUMERO DE COPIAS			FOR DPH USE ONLY
	Month/Mes	Day/Dia	Year/Año	Receipt/Log #
Date of Birth - Fecha De Nacimio	ento			
NAME GIVEN AT BIRTH (first, middle , last) -NOMBRE DE NACIMIENT	O (primer, segundo, appellido)			
CITY OF BIRTH - CIUDAD DE NACIMENTO				BNPNS#
NAME OF FATHER - NOMRE DEL PADRE				
MAIDEN NAME OF MOTHER - NOMBRE DE SOLTERA DE LA MADRE				
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS	PERSONA REGISTRADA (VEASE ARRIBA)			
I swe authorized person, as defined in California to receive an AUTHORIZED certified copy of Sworn this day of	Health and Safety Code Se f the birth record identified _, at	ection 103525(c d on this applica), and am eligible ation form.	Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia
DL/IDPh				
Complete your name and mailing address be	elow. <i>– Escriba abajo su noi</i>	mbre y direccioi	n.	
NAME/NOMBRE				
STREET ADDRESS/NUMERO Y CALLE				
CITY / CIUDAD STATE/ESTADO ZIP/ZONA POSTAL				