

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).

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

Name(s) Listed on Certificate		nship to Name(s) Listed on ertificate
	leclare under penalty of perju	irv under the laws of the
(Applicant's Printed Name)	rectare and er penalty of perjo	
State of California, that I am an authorized person, as defined	in California Health and Safe	ty 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 theday of20, at	(City)	, (State)
		(otate)
(Applicant's Signature)		
Mailing Address		
(Street) (City)	(Sta	te) (Zip)
CERTIFICATE OF AG		 T
CERTIFICATE OF AC		
A notary public or other officer completing this c		
individual who signed the document to which thi truthfulness, accuracy, or validity of that docume		not the
tratinumess, accuracy, or validity of that docume		
State of)		
County of)		
On before me,		
personally appeared	(Insert name and title	,
satisfactory evidence, to be the person(s) whose name(s) is/are s		
he/she/they executed the same in his/her/their authorized capa		_
the person(s), or the entity upon behalf of which the person(s) ac		• • • •
I certify under PENALTY OF PERJURY under the laws of the State of	of California that the foregoin	g paragraph is true and correct.

WITNESS my hand and official seal.

(NOTARY SEAL)