

Death Certificate Request for LA County Registrar-Recorder

To Order By Fax: Print and fax this completed form along with a notarized Certificate of Identity to the following number: (562) 864-3469

Decedent's Name _____
(first, middle, last)

Date of Death _____ County/City _____ State _____

Hospital _____ Male Female

Relationship to Certificate Holder _____ No. of Copies _____

Reason for Request _____

Ship Method: Express Courier (additional charges) Regular Mail

Ship To Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Credit Card: Visa MasterCard American Express Discover

Credit Card Number _____ Expires _____

Cardholder's Signature _____ Date _____

Applicant's Email _____

I _____ certify (or declare) under penalty of perjury
(Applicant)

under the laws of the State of California that the foregoing is true and correct.

Date _____ Signature _____