

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 \_\_\_\_\_