

Los Angeles County  
Registrar-Recorder/County Clerk  
Birth, Death and Marriage Records

**Application to Examine Death Record\***

**Authorization is requested to examine the following death record:**

(PLEASE PRINT)

Years to be searched \_\_\_\_\_ to \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_  
FIRST MIDDLE LAST

PLACE OF DEATH \_\_\_\_\_  
CITY IN LOS ANGELES COUNTY WHERE DEATH OCCURRED

DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

PURPOSE OF SEARCH \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Application Approved By  
REGISTRAR-RECORDER/COUNTY CLERK

ID# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy

**\*Note:** A search fee, payable in advance, is required by state law under the following conditions:

- (1) If the search is performed by a Deputy.
- (2) If the record is retrieved by a Deputy.

Please read and sign the following:

I \_\_\_\_\_, agree to the following when viewing the Death records in the custody of the Los Angeles Registrar Recorder/County Clerk:

1. Any analysis, interpretation or conclusion that is reached regarding the birth and death record indices are my own and not that of the State Department of Health Services or the Los Angeles County Registrar Recorder/County Clerk.
2. Any technical descriptions of the birth or death record indices are consistent with those provided by the State Department of Health Services
3. I will not sell, assign or otherwise transfer information from the birth or death record indices.
4. I will not use the birth or death record indices for fraudulent purposes.
5. I will not post information from the death indices on the Internet.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date