



562.570.4305 FAX 562.570.4245

## CERTIFICATEOFIDENTITY/SWORNSTATEMENT-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).

Name(s) Listed on Certificate    Applicant's Relationship to Name(s)   Listed on Certificate		This certificate	e must be signe	d in the presence of a		
Capplicant's Printed Name   Applicant's Printed Name	Name(s) Listed on Certificate			Applicant's Relationship to Name(s)		
(Applicant's Printed Name) State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and an eligible to receive a certified copy of the birth or death record for the individual(s) listed above.  Subscribed to theday of20, at  (Applicant's Signature)  Wailing Address(Street) (City) (State) (Zip)  CERTIFICATEOFACKNOWLEDGMENT  A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.  State of				Listed on	Certificate	
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