UNIT OF LOS ANGE	County of Los Angeles	Board of Supervis
NDON T. NICHOLS Director	PARTMENT OF CHILDREN AND FAMILY S 510 S. Vermont Avenue, Los Angeles, California 90020 (213) 351-5602	HILDA L. SO First Dis HOLLY J. MITCH Second Dis LINDSEY P. HORV. Third Dis JANICE H/
ENNIE FERIA of Deputy Director		Fourth Dis KATHRYN BARC Fifth Dis
	In-Person Vital Records Request Form	
Date:		
To: County of Los	Angeles Registrar Recorder's Office	
County Department	, and I am an employee with the ame) (Title) nt of Children and Family Services (DCFS). As a represe of the following records, for the purpose of conducting of	entative of DCFS, I am
Birth Certific		
Amount of copies	requested:	
The following info (one form per pers	ormation pertains to the person whose Vital Records are son):	e being requested for
Name:		
Date of Bir	th (DOB):	
Other Info Name/DOB	prmation: B of Parent(s) (if applicable):	
Event Des	cription and Date:	
Please bill any ar	pplicable fees to the following DCFS billing code: 500	05
I person, as defined receive a certified	swear (or affirm) under penalty of perjury that d in California Health and Safety Code Section 1035250 copy of the birth record identified on this application form ,at	at I am an authorized (c), and am eligible to . Sworn this
Requestor Name:	Signature: D	late:
Supervisor Name:	: Signature: D	Date:
Office Name:		
Office Location:		
	"To Enrich Lives Through Effective and Caring Serv	

2/27/25