



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020
(213) 351-5602



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In-Person Vital Records Request Form

Date: _____

To: County of Los Angeles Registrar Recorder's Office

My name is _____, _____ and I am an employee with the Los Angeles
(Name) (Title)

County Department of Children and Family Services (DCFS). As a representative of DCFS, I am requesting copies of the following records, for the purpose of conducting official business:

Birth Certificate Death Certificate: Other: _____

Amount of copies requested: _____

The following information pertains to the person whose Vital Records are being request for:

Name: _____

DOB: _____

Other Information:

Name/DOB of Parents (if applicable): _____

Event Description and Date: _____

Please bill any applicable fees to the following DCFS billing code: 5005

I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(c), and am eligible to receive a certified copy of the birth record identified on this application form. Sworn this _____ day of _____, _____ at _____.

Requestor Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Office Name: _____

Office Location: _____

"To Enrich Lives Through Effective and Caring Service"