

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

Application to Examine Birth Record*

Authorization is requested to examine the following birth record:

(PLEASE PRINT)

Years to be searched _____ to _____

NAME GIVEN AT BIRTH _____
First Middle Last

PLACE OF BIRTH _____
CITY IN LOS ANGELES COUNTY WHERE BIRTH OCCURRED

NAME OF FATHER _____

MAIDEN NAME OF MOTHER _____

THE 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 Birth
PRINT NAME HERE

record in the custody of the Los Angeles Registrar-Recorder/County Clerk.

1. Any analysis, interpretation or conclusion that is reached regarding the birth 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 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 record indices.
4. I will not use the birth record indices for fraudulent purposes.
5. I will not post information from the birth on the Internet.

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

Signature

Date