



## Tabulated Vital Statistics Data Request

### Contact Information of Requester

Name	_____	<b>Type of Organization:</b>
Address	_____	Please state your organization name.
	_____	<i>Government Entity:</i>
City	_____	_____
State	_____	
ZIP Code	_____	<i>Nonprofit:</i>
Telephone	_____	_____
Fax	_____	
Email Address	_____	<i>Academic:</i>
		_____

### ❖❖ IMPORTANT NOTICE ❖❖

*This data request is specifically designed for those who are interested in obtaining mortality data in tabular format. We are currently providing mortality data to public. The official data file for Los Angeles County is available with approximately 1.5 to 2 years delay. All interested variables (see page 2) will be in an aggregated form. Your request may be subject to data charges; please refer to page 3 for further details.*

*If you are interested in obtaining brief tabulated mortality data, life expectancy tables, and/or health surveys, please visit our online query system at:*

- L.A. HealthDataNow!  
<http://dqs.hasten.ladhs.org/default.aspx>

*or if you are interested in leading causes and premature death in Los Angeles County, our annual report is available at:*

- Mortality in Los Angeles County: Leading Causes of death and premature death with trends  
<http://publichealth.lacounty.gov/dca/dcareportspubs.htm>

*We do not provide any raw birth data files. Please contact the California Department of Public Health for further assistance (<http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx>).*

*For any additional information, please contact the Office of Health Assessment and Epidemiology Program.*

Office of Health Assessment and Epidemiology  
313 N. Figueroa Street, Room 127  
Los Angeles, CA 90012  
Telephone: (213) 240-7785  
Fax: (213) 250-2594  
E-mail: [DCA@ph.lacounty.gov](mailto:DCA@ph.lacounty.gov)

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**Tabulated Vital Statistics Data File\***

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Race (White, Black, Hispanic, AI, Asian/Pacific Islanders)	<b>Available Data Years**:</b> Varies
Sex	(Please contact the Office for more information.)
Age	
Date of death	<b>Requesting Data Year(s):</b> _____
Underlying cause (ICD codes only)	
Manner of death	
Birthplace	
City of residence	
Service planning area(s)	
Health district(s)	
Supervisorial district(s)	
Census tract(s)	

\* Any cell size <5 will be suppressed and excluded from the total count.

\*\* Earlier data years may have incomplete and/or missing variables; hence, some years may have inconsistent variable fields.

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**Project Description**

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1. Clearly state the purpose of your project and how the tabulated data will be used to achieve your project's objectives.

2. Will the requested data be used in geocoding/Geographic Information System (GIS):      YES      NO  
If yes, please describe.

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**Data Fee**

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For tabulation purposes, the incurred material costs consulting time and computer run, which will be charged accordingly. The current consulting time and computing run rates are at \$100.00/hour and \$60/run, respectively. Notification of cost estimate will be given prior to the commencement of data generation.

Fees are generally waived for governmental agencies and non-profit organizations.

All payments should be made to **Data Collection and Analysis Unit**.

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Print Requester Name

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Requester Signature

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Title/Position

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Date

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***Office of Health Assessment & Epidemiology Use Only***

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Application Received Date: \_\_\_\_\_

EU Authorization Signature: \_\_\_\_\_

Authorized Date: \_\_\_\_\_