

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

<input type="checkbox"/> Short-Form Birth Certification Card	Number of Copies Requested: _____	\$9.00 each	_____
<input type="checkbox"/> Long-Form Birth Certificate	Number of Copies Requested: _____	\$15.00 each	_____
<input type="checkbox"/> Death Certificate	Number of Copies Requested: _____	\$7.00 each	_____
If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40			SUBTOTAL _____
			Mail orders add \$0.50 state charge per transaction (no coins) _____
			TOTAL FEES DUE _____
ALL MAIL ORDER PAYMENTS MUST BE CHECK OR MONEY ORDER ONLY - Payable to LOUISIANA VITAL RECORDS			

Record Information

NOTE: Birth records over **100 years old** and Death records over **50 years old** can be obtained by writing the Secretary of State. Address: Louisiana State Archives, P.O. Box 94125, Baton Rouge, LA 70804-9125.

Name at Birth/Death

First _____ Middle _____ Last _____
 Date of Birth/Death _____ Sex _____
 City of Birth/Death _____ Parish of Birth/Death _____

Father's Name

First _____ Middle _____ Last _____

Mother's Full Maiden Name before Marriage

First _____ Middle _____ Maiden _____

Relationship to Person Named on the Certificate *(must submit copy of photo ID - Front AND Back)*

- | | | | | |
|---|---------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sister | <input type="checkbox"/> Legal Guardian (with judgement of custody) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Brother | <input type="checkbox"/> Current Spouse |
| <input type="checkbox"/> Other (specify): _____ | | | | |

Applicant Information

First Name _____ Last Name _____ Day Phone _____
 Residence Address _____ City _____ State _____
 Email _____ ZIP Code _____

Mailing Address for Certificates

Name _____
 Address _____
 City _____ State _____
 ZIP _____

Office Use Only



I am aware that any person who willfully and knowingly makes any false statement on an application for a certified copy of a vital record is subject upon conviction to a fine of not more than \$10,000 or imprisonment of not more than five years, or both.

Signature _____

Order will be returned if items not completed and included:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Signed application | <input type="checkbox"/> Copy of Federal or State photo ID (front AND back) | <input type="checkbox"/> Correct fees |
|---|---|---------------------------------------|