

CASH ONLY

<input type="checkbox"/> Long-Form Birth Certificate	Number of Copies Requested: _____	\$34.00 each	_____
<input type="checkbox"/> Death Certificate	Number of Copies Requested: _____	\$26.00 each	_____
			SUBTOTAL _____
<small>If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40</small>			
<small>Fees for certified copies of birth records state are in accordance with R.S. 40:39-40</small>			
			TOTAL FEES DUE _____

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.

For Birth or Death Event:

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 photo ID)

- | | | | | |
|---------------------------------|---------------------------------|--------------------------------------|----------------------------------|---|
| <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 _____

ZIP Code _____

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.

DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE IN THE PRESENCE OF THE DEPUTY CLERK AT THE EAST FELICIANA CLERK OF COURT'S OFFICE!

Signature _____

Rev 1/12

Office Use Only

