

**APPLICATION FOR CERTIFIED
COPY OF BIRTH/DEATH**

CASH or CARD

CERTIFICATE

Date _____

_____ **Birth Certificate** Number of Copies Requested _____ **\$34.00 EACH** _____

_____ **Death Certificate** Number of Copies Requested: _____ **\$26.00 EACH** _____

SUBTOTAL _____

If no record is found, you will be notified and fees
will be retained for the search per R.S. 40:39-40

TOTAL FEES DUE _____

CASH OR CARD

Record Information

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 Maiden Name Before Marriage

First _____ Middle _____ Maiden _____

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.

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 (PERSON APPLYING FOR THE BIRTH/DEATH CERTIFICATE)

First Name _____ Last Name _____ Day Phone _____

Residence Address _____ City _____ State _____

Zip Code _____

I am aware that any person who willfully and knowingly make 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 _____

Case Number _____

Certificate Number _____

