

 **Mail completed application to:**  
Bureau of Vital Records and Statistics  
P.O. Box 60630  
New Orleans, LA 70160

## APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

<input type="checkbox"/> <b>Birth Certificate</b>	Number of Copies Requested: _____	\$15.00 each	
<input type="checkbox"/> <b>Birth Certificate</b> + Birth Card (sold as pair only)	Number of Pairs Requested: _____	\$24.00	
<input type="checkbox"/> <b>Death Certificate</b>	Number of Copies Requested: _____	\$7.00 each	
<input type="checkbox"/> Check for Fetal Death (stillborn) Certificate			
		SUBTOTAL	_____
	Mail orders add <b>\$0.50</b> state charge per transaction (no coins)		_____
		<b>TOTAL FEES DUE</b>	_____

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

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 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 \_\_\_\_\_

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 | <input type="checkbox"/> Correct fees |
|---|--|---------------------------------------|