

 **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)

- Self   
  Father   
  Grandparent   
  Sister   
  Legal Guardian (with judgement of custody)  
 Mother   
  Child   
  Grandchild   
  Brother   
  Current Spouse   
  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:**

- Signed application   
  Copy of Federal or State photo ID   
  Correct fees