

Louisiana Clerk of Court

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

| | | |
|--|-----------------------------------|----------------------|
| <input type="checkbox"/> Birth Certificate | Number of Copies Requested: _____ | \$34.00 each _____ |
| <input type="checkbox"/> Birth Certificate + Birth Card (sold as pair only) | Number of Pairs Requested: _____ | \$48.00 _____ |
| <input type="checkbox"/> Death Certificate | Number of Copies Requested: _____ | \$26.00 each _____ |
| | | SUBTOTAL _____ |
| | | _____ |
| | | TOTAL FEES DUE _____ |

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

Record Information

Name at Birth/Death

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.

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 _____

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 _____

VR Form S1 Rev 6/16

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 |
|---|--|---------------------------------------|