

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

<input type="checkbox"/> Short-Form Birth Certification Card	Number of Copies Requested: _____	\$14.00 each	_____
<input type="checkbox"/> Long-Form Birth Certificate	Number of Copies Requested: _____	\$24.00 each	_____
<input type="checkbox"/> Death Certificate	Number of Copies Requested: _____	\$16.00 each	_____
			SUBTOTAL _____
If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40			
Fees for certified copies of birth records state are in accordance with R.S. 40:39-40			
			TOTAL FEES DUE _____

Record Information

For Birth or Death Event

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
 First _____ Middle _____ Last _____

Date of Event _____ Sex _____

City _____ Parish of Event _____

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 _____

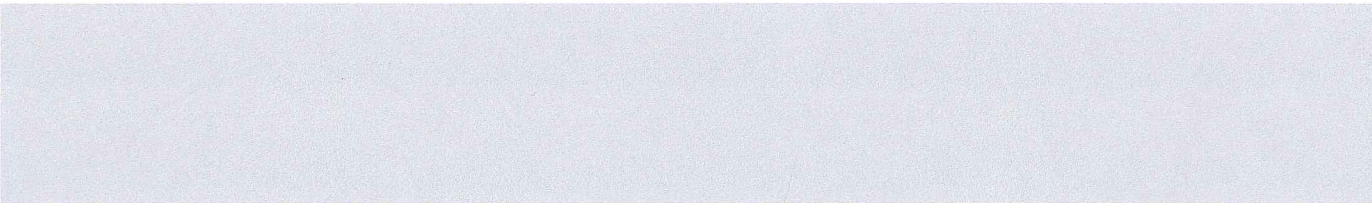
Email _____ ZIP Code _____

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 _____

Rev 1/12

Office Use Only



Order cannot be processed without the following:

Signed application
 Copy of Federal or State photo ID
 Correct fees