

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

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	DATE ISSUED	_____
	NAME OF ISSUER	_____
	CERTIFICATE NO.	_____
	CASH _____	Check No. _____

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
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