Louisiana Clerk of Court

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

☐ **Birth Certificate**	Number of Copies Requested: _____	**$34.00** each	_____
☐ **Birth Certificate** **+ Birth Card** *(sold as pair only)*	Number of Pairs Requested: _____	**$48.00**	_____
☐ **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

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 _____

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: ☐ Signed application ☐ Copy of Federal or State photo ID ☐ Correct fees