

**LOUISIANA CLERK OF COURT**  
**APPLICATION FOR A CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE**

Birth Certificate      Number of Copies Requested: \_\_\_\_\_ @ \$34.00/ea \_\_\_\_\_

Birth Certificate      Number of Pairs Requested: \_\_\_\_\_ @ \$48.00/pair \_\_\_\_\_  
+ Birth Card (sold as pair only)

**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: \_\_\_\_\_ Sex: \_\_\_\_\_ Parish of Birth: \_\_\_\_\_

**Mother's Full Maiden Name before Marriage**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Father's Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**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) |

Other: \_\_\_\_\_

**Name at Birth/Death**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ 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.**

Case # \_\_\_\_\_ Audit # \_\_\_\_\_ **Signature:** \_\_\_\_\_