

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	_____
<input type="checkbox"/> Check for Fetal Death (stillborn) Certificate			
		SUBTOTAL	_____
	Mail orders add \$0.50 state charge per transaction (no coins)		_____
If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40		TOTAL FEES DUE	_____
ALL MAIL ORDER PAYMENTS MUST BE CHECK OR MONEY ORDER ONLY - Payable to LOUISIANA VITAL RECORDS			

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 _____

Mailing Address for Certificates

Name _____

Address _____

City _____ State _____

ZIP _____

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 1/24

Order will be returned if items not completed and included:

Signed application

Copy of Federal or State photo ID

Correct fees