

ST. MARY PARISH CLERK OF COURT
P.O. DRAWER 1231, FRANKLIN, LA 70538
Phone: (337) 828-4100 (Ext. 2010)
Email: recording@smpclerk.com

Certificate Request Form

Certificate Date: _____ Certificate No: _____

☐ Bonding: _____

Type of Certificate Requested: (All Certificates are issued in written form only)

☐ Real Estate ☐ Tax Lien ☐ Judgment ☐ Tax Lien & Judgment ☐ UCC Search

☐ Non-Lien (Lien Filing Period must have lapsed: Public Job – 45 days or Private Job – 30 days from filing date of Acceptance)

NAME(S) TO BE SEARCHED: (Providing the last 4 digits of the SSN or Tax ID may assist in eliminating items under similar names)

1) _____ 6) _____
2) _____ 7) _____
3) _____ 8) _____
4) _____ 9) _____
5) _____ 10) _____

Number of Years to search or Start Date: _____

Book/Page or Entry Number of Deed or Contract: _____

Municipal Address: _____

Legal Description or Job Description: _____

FEES: R.S. 13:844 (A)(5)(F) – (Real Estate, Tax Lien, Judgment, and Tax Lien & Judgment Certificates are run for a minimum of 10 years)

\$20.00 – 1 Name, 1 Definable Property, 10 Years, Up to 10 Exceptions

\$30.00 – Non-Lien Certificate

****Email for quote if searching more than 10 years or more than 1 definable property****

\$10.00 – Each Additional Name

\$30.00 – UCC Search (Per Name)

\$ 1.00 – Each Exception after the 10th

☐ Mail certificate (*Postage Fees Apply*)

☐ Email Certificate (\$5.00 Fee)

☐ Call when ready

AMOUNT DUE: \$ _____ (*plus 2.50% processing fee and any postage required if no prepaid envelope or label is provided*)

☐ Cash

Card Type: ☐ Visa ☐ Master Card ☐ AMEX ☐ Discover

☐ Check No. _____

Name on Card _____

☐ Charge Office Account # _____
(Charge Accounts for Local Offices Only)

Billing Address: _____

City/State/Zip: _____

Authorized Signature: _____

Person Requesting Certificate: _____ Signature: _____

Company Name: _____ Attn: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____

By submission of this written request, I agree to pay for services rendered according to R.S. 13:844 (A) (5) (F) including an additional fee of \$1.00 per exception in the event the certificate contains more than ten exceptions. If using a Credit/Debit Card to pay for the requested services above, I affirm I am the owner, or an authorized user, of the Credit/Debit Card and authorize payment for services above inclusive of a 2.50% processing fee and postage fee. I affirm I will not dispute payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.