

CLERK OF DISTRICT COURT  
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE OR BIRTH CARD

FOR SERVICE BY MAIL ON BIRTH AND DEATH CERTIFICATES NOT AVAILABLE THROUGH THE CLERK OF DISTRICT COURT OFFICE: SUBMIT THIS DOCUMENT APPLICATION WITH YOUR CHECK OR MONEY ORDER IN THE AMOUNT OF SEVEN (\$7) DOLLARS FOR EACH DEATH CERTIFICATE AND FIFTEEN (\$15.00) FOR EACH BIRTH CERTIFICATE TO THE CENTRAL VITAL RECORDS REGISTRY. IF THE ORDER IS FOR A DEATH RECORD, CLEARLY SPECIFY DEATH RECORD AND PROVIDE THE DECEDENT'S NAME, DATE OF DEATH AND PLACE OF DEATH. MAIL TO: VITAL RECORDS REGISTRY, P.O. BOX 60630, NEW ORLEANS, LOUISIANA 70160. PLEASE DO NOT SEND CASH, IF THE DEATH OR BIRTH IS NOT REGISTERED, YOU WILL BE NOTIFIED AND THE FEES WILL BE RETAINED TO COVER THE COST OF THE RESEARCH.

\_\_\_\_\_ BIRTH CARD ..... \$15.00  
\_\_\_\_\_ BIRTH CERTIFICATE ..... \$25.00

\_\_\_\_\_  
NAME AT BIRTH (FIRST, MIDDLE, LAST)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SEX

\_\_\_\_\_  
CITY OF BIRTH

\_\_\_\_\_  
PARISH OF BIRTH

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

HOW ARE YOU RELATED TO THE PERSON WHOSE RECORDS YOU ARE REQUESTING? \_\_\_\_\_

PRINT YOUR ADDRESS:

NAME: \_\_\_\_\_ NUMBER OF COPIES REQUESTED \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ TOTAL FEES DUE \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN ANY APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS SUBJECT UPON CONVICTION TO A FINE OF NOT MORE THAN \$10,000.00 OR IMPRISONMENT OF MORE THAN FIVE YEARS OR BOTH.

SIGNATURE OF APPLICANT \_\_\_\_\_