

**MAIL-IN Application for Certified copy of Louisiana Birth Records**

Complete this form & mail to: Louisiana Vital Records Registry  
P.O. Box 60630  
New Orleans, LA 70160

Together with a copy of your drivers license and \$15.50 for each certified copy of the birth record.

I request a birth record for the following individual:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name/Maiden Name

Date of Birth \_\_\_\_\_  
                            Month                      Day                      Year

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
Parish of Birth

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's First Name and Maiden Name

My relationship to this person \_\_\_\_\_  
(Myself, Father, Mother, Sibling, Grandparent)

Print your name and mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name  
Address  
City State & Zip Code  
Phone Number

I am aware that any person who willfully makes a false statement in 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 more than five years, or both.

\_\_\_\_\_  
Signature of Applicant