## **Louisiana Clerk of Court**

## APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

Birth Certificate	Num	Number of Copies Requested:		<b>\$34.00</b> ea	ich	
Birth Certificate + Birth Card (sold as p	oair only) Nur	mber of Pairs Reques	ted:	\$48.00		
Death Certificate	Num	ber of Copies Reque	sted:	<b>\$26.00</b> ea	ch	
				SUBTOT	AL	
			TO	OTAL FEES D	UE	
If no record is found, you	will be notified and fees will	l be retained for the searc	h per R.S. 40:40. A	III fees set by stat	tute per R.S. 40	:39-40.
Record Information	NOTE: Birth records over 10				ed by writing the	e Secretary of State.
Name at Birth/Death	Address: Louisiana State Arc	chives, P.O. Box 94125, Ba	ton Rouge, LA 708	04-9125.		
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 be	efore Marriage					
First	Middle		Maiden			
Relationship to Person N	lamed on the Cer	tificate (must su	bmit photo	ID)		
Self Father	Grandparent	Sister		ardian (with ju	dgement o	f custody)
☐ Mother ☐ Child	Grandchild	Brother	Current S	•	Other (sp	
Applicant Information						
First Name	Las	t Name		[	Day Phone	
Residence Address		City			_	State
Email ————					ZIP Code	
					_	
Na N						
O as						
Office Use Only						
O D						
ım aware that any person who wil	Ifully and knowingly m	akes any false statem	nent on an appl	lication for a c	ertified conv	of a vital record is
bject upon conviction to a fine of						or a vital record is
Signature						VR Form S1 Rev 6
Order will be returned if ite	ems not completed	C:l	C			
and included:		Signed application		y of Federal c e photo ID	" Cor	rect fees