LOUISIANA DEPARTMENT OF HEALTH
Office of Public Health

Mail completed application to:
Center for Vital Records and Statistics
P.O. Box 60630
New Orleans, LA 70160

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

☐ **Birth Certificate** — Number of Copies Requested: _____ **$15.00** each _____

☐ **Birth Certificate + Birth Card** *(sold as pair only)* — Number of Pairs Requested: _____ **$24.00** _____

☐ **Death Certificate** — Number of Copies Requested: _____ **$7.00** each _____

☐ 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 1/26

Order will be returned if items not completed and included:

☐ Signed application ☐ Copy of Federal or State photo ID ☐ Correct fees