

Louisiana Clerk of Court

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Birth Certificate

Number of Copies Requested: _____ \$34.00 each

TOTAL FEES DUE _____

If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40. All fees set by statute per R.S. 40:39-40

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.

Record Information

Name at Birth/Death

First _____ Middle _____ Last _____

Date of Birth _____

Sex _____

City of Birth _____

Parish of Birth _____

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 _____

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 6/16

Order will be returned if items not completed and included:

Signed application

Copy of Federal or State photo ID

Correct fees