

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
VITAL RECORDS REGISTRY

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

PHS 520A

(Rev. 12/03)

FOR MAIL SERVICE: SUBMIT COMPLETED APPLICATION, COPY OF STATE ISSUED PHOTO ID and CHECK OR MONEY ORDER TO: RECORDS REGISTRY, P.O. BOX 60630, NEW ORLEANS, LA, 70160. PLEASE DO NOT SEND CASH. IF NO RECORD IS FOUND, YOU WILL BE NOTIFIED AND FEES WILL BE RETAINED FOR THE SEARCH.

- | | | |
|--|---------------------------|-------------------------|
| <input type="checkbox"/> Short-Form Birth Certification Card | # Copies Requested: _____ | at \$9.00 each = _____ |
| <input type="checkbox"/> Long-Form Birth Certificate | # Copies Requested: _____ | at \$15.00 each = _____ |
| <input type="checkbox"/> Death Certificate | # Copies Requested: _____ | at \$7.00 each = _____ |

***See Note Below**

NAME AT BIRTH (FIRST, MIDDLE, LAST)

DATE OF BIRTH/DEATH

SEX

CITY OF BIRTH/DEATH

PARISH OF BIRTH/DEATH

FATHER'S NAME (FOR BIRTH RECORDS ONLY)

MOTHER'S MAIDEN NAME - BEFORE MARRIAGE

HOW ARE YOU RELATED TO THE PERSON WHOSE RECORD YOU ARE REQUESTING? _____

PRINT YOUR ADDRESS:

Name _____
Street or _____
Route No. _____
City and _____
State _____
Home _____ Office _____ ZIP CODE _____
Phone No. _____ Phone No. _____

Total from above: _____

Add \$0.50 state charge per
transaction for mail or
VitalCheck orders: _____

Total Fees Due: _____

I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY 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: _____

***PLEASE NOTE:** Birth records over **100 years old** and Death records over **50 years old** are obtained by writing the Louisiana State Archives, P.O. Box 94125, Baton Rouge, LA 70804-9125. Please make check PAYABLE TO: Secretary of State

CERTIFICATE TO BE MAILED TO:

Name _____
Street or _____
Route No. _____
City and _____
State _____
Zip Code _____

SEARCH METHOD	EMPLOYEE	DATE
TRANSMITTAL:	_____	_____
COMPUTER:	_____	_____
MICROFILM:	_____	_____
BOOK INDICES	_____	_____
CHARITY CARDS:	_____	_____
DELAY CARDS:	_____	_____
HAND SEARCHED:	_____	_____
OTHER {INDICATE}	_____	_____
	_____	_____
CERTIFICATE #:	_____	_____