

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
VITAL RECORDS REGISTRY
APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

PHS 520A

(Rev. 3/98)

FOR SERVICE BY MAIL: SUBMIT CHECK OR MONEY ORDER PAYABLE TO VITAL RECORDS. MAIL TO:
VITAL 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.

BIRTHCARD	BIRTHCARD: \$ 9.00
BIRTH CERTIFICATE	BIRTH CERTIFICATE: \$15.00
DEATH CERTIFICATE	DEATH CERTIFICATE: \$ 5.00

*See Note Below:

NAME AT BIRTH/DEATH (FIRST, MIDDLE, LAST) _____

DATE OF BIRTH/DEATH _____ SEX _____

CITY OF BIRTH/DEATH _____ PARISH OF BIRTH/DEATH _____

FATHER'S NAME (FOR BIRTH RECORD ONLY) _____

MOTHER'S MAIDEN NAME -BEFORE MARRIAGE (FOR BIRTH RECORD ONLY) _____

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

PRINT YOUR ADDRESS:

Name _____

Street or _____

Route No. _____

City _____

And State _____

ZIP CODE

Number of
Copies Requested: _____

Total Fees Due \$ _____

Home Phone No. _____ Office Phone No. _____

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 NOT 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 #	_____	_____