

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

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

PHS 520A

Rev. (5/05)

FOR MAIL SERVICE: SUBMIT APPLICATION, COPY OF STATE OR FEDERAL PHOTO ID AND CHECK OR MONEY ORDER TO: VITAL 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 PER R.S. 40:40.

<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 =	\$ _____
TOTAL FROM ABOVE:			\$ _____
Mail Orders add .50 state charge per transaction			\$ _____
TOTAL FEES DUE:			\$ _____

* 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 (FIRST, MIDDLE, LAST) (FOR BIRTH RECORDS ONLY) _____

MOTHER'S FULL MAIDEN NAME (FIRST, MIDDLE, LAST)- BEFORE MARRIAGE _____

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE: (MUST SUBMIT PHOTO ID)

Check one: ___ Self ___ Mother ___ Father ___ Child ___ Grandparent ___ Grandchild ___ Current Spouse

___ Sister ___ Brother ___ Legal Guardian (with Judgment of Custody) ___ Other (Specify) _____

PRINT NAME AND ADDRESS OF APPLICANT:

Name _____

Street or _____

Route No. _____

City and _____

State _____ Zip Code _____

Home _____ Office _____

Phone No. _____ Phone No. _____

NOTE: PLEASE CHECK THE FOLLOWING:
(ORDER WILL BE RETURNED IF ITEMS NOT COMPLETED AND INCLUDED)

___ Signed Application

___ Copy of Federal or State Photo ID

___ Correct Fees

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

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):	_____	_____

*PLEASE 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.