

APPLICATION FOR CERTIFIED COPY OF LOUISIANA DEATH CERTIFICATE

DATE: \_\_\_\_\_

\_\_\_\_\_ DEATH CERTIFICATE# OF COPIES REQUESTED \_\_\_\_\_ \$26.00 EACH = \_\_\_\_\_ (CASH ONLY)

----- (information on certificate needed) -----

NAME AT DEATH \_\_\_\_\_

(FIRST MIDDLE LAST)

DATE OF DEATH \_\_\_\_\_ SEX:  MALE  FEMALE

(MM/DD/YYYY)

CAUSE OF DEATH \_\_\_\_\_

CITY OF DEATH \_\_\_\_\_ PARISH OF DEATH \_\_\_\_\_

FATHER'S NAME (optional) \_\_\_\_\_

MOTHER'S MAIDEN NAME (Last name when she was born) \_\_\_\_\_

----- (information on person filling out this form) -----

\*\*\*WHO ARE YOU IN RELATION TO PERSON YOU ARE GETTING CERTIFICATE FOR: (MUST HAVE VALID PHOTO ID)

CHECK ONE BELOW:

\_\_\_\_\_ BENEFICIARY (APPROPRIATE PAPERWORK NEEDED) \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BROTHER  
\_\_\_\_\_ SISTER \_\_\_\_\_ GRANDPARENT \_\_\_\_\_ CHILD \_\_\_\_\_ GRANDCHILD \_\_\_\_\_ SURVIVING SPOUSE

PRINT NAME AND ADDRESS OF APPLICANT: (Person filling out this form)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ ZIP CODE: \_\_\_\_\_

PHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

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 \$10,000.00 OR IMPRISONMENT OF NOT MORE THAN FIVE YEARS, OR BOTH.

NO REFUNDS WILL BE ISSUED FOR CERTIFICATES. PLEASE REVIEW YOUR CERTIFICATE BEFORE YOU LEAVE AND NOTIFY THE CLERK IF IT CONTAINS ANY ERRORS. THE CLERK WILL GIVE YOU THE CONTACT INFORMATION FOR THE VITAL RECORDS AMENDMENT DEPARTMENT.

SIGNATURE OF APPLICANT: \_\_\_\_\_

\*\*\*PLEASE HAVE CASH AND ID READY WHEN CALLED UP TO FRONT COUNTER

-----FOR OFFICE USE ONLY, DO NOT FILL OUT-----

CASE # \_\_\_\_\_

DEATH CERTIFICATE # \_\_\_\_\_