

DHH - OFFICE OF PUBLIC HEALTH  
VITAL RECORDS REGISTRY  
FUNERAL DIRECTOR'S APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

SUBMIT COMPLETED APPLICATION and CHECK OR MONEY ORDER TO LA DHH / OPH / VITAL RECORDS REGISTRY.  
SUBMIT CASH AT YOUR OWN RISK. IF NO RECORD IS FOUND, FEES ARE RETAINED TO DEFRAY THE COST OF  
PROCESSING YOUR REQUEST AND YOU WILL BE INFORMED.

DEATH CERTIFICATE FOR: (Name at Death): \_\_\_\_\_

(Date of Death): \_\_\_\_\_

(City or Parish): \_\_\_\_\_

FUNERAL DIRECTOR'S INFORMATION:

NUMBER OF CERTIFIED COPIES REQUESTED:

Funeral Home: \_\_\_\_\_

\_\_\_\_\_ Initial copy @ \$9 = \_\_\_\_\_

Street or Route #: \_\_\_\_\_

\_\_\_\_\_ Subsequent copies @ \$7 = \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

\$.50 State charge for mail order = \_\_\_\_\_

Total = \_\_\_\_\_

Funeral Director's Signature: \_\_\_\_\_

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PLEASE DO NOT WRITE IN THIS SPACE

Fees Received By \_\_\_\_\_ Date \_\_\_\_\_ Cert. Audit Nos. \_\_\_\_\_ thru \_\_\_\_\_

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FOR MAIL SERVICE, PLEASE SUBMIT THIS FORM WITH YOUR CHECK OR MONEY  
ORDER TO: LOUISIANA VITAL RECORDS REGISTRY  
P.O. BOX 60630  
NEW ORLEANS, LOUISIANA 70160

MAIL CERTIFICATE(S) TO: NAME: \_\_\_\_\_

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

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