

**NON-LDH RESEARCHER: INDEMNIFICATION AFFIDAVIT  
FOR USE OF VITAL RECORDS INFORMATION FOR RESEARCH**

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I, \_\_\_\_\_, state that the purpose of this research is (briefly summarize):

I state that \_\_\_\_\_

- will assume all liability for the use, disclosure, or revealing in any way of the Vital Records information furnished for this study
- will hold the State of Louisiana and its employees and agents harmless from damages, litigation, liability, claims and any expenses, including legal fees, resulting from disclosure or revealing of the furnished data, whether such use, disclosure, or revealing occurs during or following the term of this agreement.

\_\_\_\_\_  
Signature and Title of Applicant

\_\_\_\_\_  
Name of Applicant (Typed or Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution/Organization

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address