



**For mail service:**  
Mail completed application to:  
Bureau of Vital Records and Statistics  
P.O. Box 60630  
New Orleans, LA 70160

## FUNERAL HOME APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Initial Copy (\$9.00):	_____	_____
Additional Copies (\$7.00 each):	_____	_____
Mail orders only add \$.50 per order:	_____	_____
<b>TOTAL FEES DUE</b>	_____	_____

If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40

### Death Certificate Information

Check if **Fetal Death** Certificate      Mother's Maiden Name \_\_\_\_\_

### Decedent's Name (at death)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Date of Death \_\_\_\_\_ Sex \_\_\_\_\_  
 City of Death \_\_\_\_\_ Parish of Death \_\_\_\_\_

### Funeral Director's Information

Funeral Home \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Email \_\_\_\_\_ ZIP Code \_\_\_\_\_

I am aware that any person who willfully and knowingly makes any false statement on 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.

### Funeral Director's Signature

\_\_\_\_\_

### Mailing Address for Certificates (for mail orders only)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 ZIP \_\_\_\_\_

Office Use Only

