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: __________________________________________

PHS/520B (12/29/03)