

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
LOUISIANA VITAL RECORDS REGISTRY**

NOTIFICATION OF BIRTH REGISTRATION DISCREPANCIES

Date:

Dear
Louisiana law (LSA R.S. 40:44) provides that a certificate of every child's birth shall be filed with the Registrar of Vital Records within fifteen (15) days after the birth. For births that occur within a hospital or en route thereto, the law (LSA R.S. 40:45) requires that the hospital prepare the birth record. In addition to the medical information normally maintained by your hospital, the birth registration authority requires that detailed information be collected about the mother and the father. That information must be provided by the parents or some other person who is knowledgeable about the parents. Louisiana Vital Statistics law establishes severe penalties (LSA R.S. 40:61) in terms of both fines and imprisonment for any person convicted of willfully and knowingly making false statements intended for use in preparing a birth record or who refuses to provide the required information.

In order to complete your child's birth certificate, the following information is required:

- Child's given name
- Mother's/Father's place of birth
- Mother's/Father's social security number
- State of divorce and date divorce was final
- Acknowledgement of Paternity Form
- Signature of Informant/parent on Birth Certificate
- Other: _____

If you have any questions regarding the above, please contact your Birth Certificate Clerk at:

_____	_____
Hospital Name	Birth Certificate Clerk
_____	(____) _____
Address	Telephone Number
_____	_____
City	Scheduled Record Transmission Date

Parent Statement:
I understand that the above information is required to complete the birth registration process. If I fail to provide the information before the "Scheduled Record Transmission Date", I understand that my child's birth record will be processed in a suspended status and that no certified copies will be issued until all discrepancies are resolved. I will not receive a complimentary certified copy. It will be my responsibility to contact Vital Record Registry and resolve all discrepancies. I will be responsible for the payment of all statutory document alteration/correction and issuance fees.

_____	_____
Parent's Signature	Date

Hospital Representative Statement:
This will certify that the parents failed to provide the above cited information within the prescribed time period.
Process the birth record as a suspended record.

_____	_____
Representative's Signature	Date