LOUISIANA DEPARTMENT OF HEALTH
Public Health
Center for Vital Records and Statistics

Mail completed application to:
Center for Vital Records and Statistics
P.O. Box 60630
New Orleans, LA 70160

APPLICATION FOR MISSING ANGELS RESULTING IN STILLBIRTH CERTIFICATE

☐ **Birth Certificate**

Complimentary Copy: 1 **$0.00** NO FEE

Number of Copies Requested: _____ **$15.00** _____

SUBTOTAL

Mail orders add **$0.50** state charge per transaction (no coins) _____

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

TOTAL FEES DUE _____

ALL MAIL ORDER PAYMENTS MUST BE **CHECK** OR **MONEY ORDER** ONLY - Payable to **LOUISIANA VITAL RECORDS**

Record Information

NOTE: Birth records over **100 years old** and Death records over **50 years old** can be obtained by writing the Secretary of State. Address: Louisiana State Archives, P.O. Box 94125, Baton Rouge, LA 70804-9125.

Name of Stillbirth (If Applicable)

First _____ Middle _____ Last _____

Date of Stillbirth _____ Sex _____

Hospital Of Delivery _____ Parish of Stillbirth _____

Father's Name (If Applicable)

First _____ Middle _____ Last _____

Mother's Full Maiden Name before Marriage

First _____ Middle _____ Maiden _____

Relationship to Person Named on the Certificate *(must submit photo ID)*

☐ Mother ☐ Father

Applicant Information

First Name _____ Last Name _____ Day Phone _____

Residence Address _____ City _____ State _____

Email _____ ZIP Code _____

Mailing Address for Certificates

Name _____

Address _____

City _____ State _____

ZIP _____

Office Use Only

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.

Signature _____

VR Form S1 Rev 2/26

Order will be returned if items not completed and included:

☐ Signed application ☐ Copy of Federal or State photo ID ☐ Correct fees