



Mail completed application to:
Bureau of 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 9/24

**Order will be returned if items not completed
and included:**

☐ Signed
application

☐ Copy of Federal or
State photo ID

☐ Correct fees