

Center for Records and Statistics

This form to be used ONLY for walk-in services at a participating Clerk of Court Office

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

<input type="checkbox"/> Short-Form Birth Certification Card	Number of Copies Requested: _____	\$14.00 each	_____
<input type="checkbox"/> Long-Form Birth Certificate	Number of Copies Requested: _____	\$24.00 each	_____
If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40			SUBTOTAL _____
Fees for certified copies of birth records state are in accordance with R.S. 40:39-40			_____
TOTAL FEES DUE			_____

Record Information

NOTE: Birth records over **100 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 at Birth

First _____ Middle _____ Last _____

Date of Birth _____ Sex _____

City of Birth _____ Parish of Birth _____

Father's Name

First _____ Middle _____ Last _____

Mother's Full Maiden Name before Marriage

First _____ Middle _____ Maiden _____

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

- | | | | | |
|---|---------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sister | <input type="checkbox"/> Legal Guardian (with judgement of custody) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Brother | <input type="checkbox"/> Current Spouse |
| <input type="checkbox"/> Other (specify): _____ | | | | |

Applicant Information

First Name _____ Last Name _____ Day Phone _____

Residence 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.

Signature _____

Rev 1/12

Office Use Only

Order cannot be processed without the following:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Signed application | <input type="checkbox"/> Copy of Federal or State photo ID | <input type="checkbox"/> Correct fees |
|---|--|---------------------------------------|