

CLERK OF DISTRICT COURT

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

PHS520F

(Rev. 6/00)

- | | | |
|--|---------------------------|----------------|
| <input type="checkbox"/> BIRTH CARD | BIRTH CARD: | \$14.00 |
| <input type="checkbox"/> BIRTH CERTIFICATE | BIRTH CERTIFICATE: | \$24.00 |

***See Note Below**

NAME AT BIRTH (FIRST, MIDDLE, LAST)

DATE OF BIRTH

SEX

CITY OF BIRTH

PARISH OF BIRTH

FATHER'S NAME

MOTHER'S MAIDEN NAME-(BEFORE MARRIAGE)

HOW ARE YOU RELATED TO THE PERSON WHOSE RECORDS YOU ARE REQUESTING? (Check one:)

Self
 Mother/Father
 Child
 Grandparent
 Grandchild
 Current Spouse
 Sister/Brother
 Legal Guardian (with Judgment of Custody)

PRINT YOUR ADDRESS:

Name _____
 Street or _____
 Route No. _____
 City _____
 and State _____
 Home _____ Office _____ ZIP CODE _____
 Phone No. _____ Phone No. _____

Number of
 Copies Requested: _____
 Total Fees Due \$ _____

I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN 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 MORE THAN FIVE YEARS OR BOTH.

Signature of Applicant _____

*Please note: Birth records over **100 years old** and Death records over **50 years old** are obtained by writing the Louisiana State Archives, P.O. Box 94125, Baton Rouge, LA 70804-9125. Please make check PAYABLE TO: Secretary of State

NOTES:

<u>SEARCH METHOD</u>	<u>EMPLOYEE</u>	<u>DATE</u>
Computer:	_____	_____
Certificate #	_____	_____
Referred to State Vital Records:	_____	_____
	Date	