

DHH - OFFICE OF PUBLIC HEALTH
VITAL RECORDS REGISTRY
FUNERAL DIRECTOR'S APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

SUBMIT COMPLETED APPLICATION and CHECK OR MONEY ORDER TO LA DHH / OPH / VITAL RECORDS REGISTRY.
SUBMIT CASH AT YOUR OWN RISK. IF NO RECORD IS FOUND, FEES ARE RETAINED TO DEFRAY THE COST OF
PROCESSING YOUR REQUEST AND YOU WILL BE INFORMED.

DEATH CERTIFICATE FOR: (Name at Death): _____

(Date of Death): _____

(City or Parish): _____

FUNERAL DIRECTOR'S INFORMATION:

NUMBER OF CERTIFIED COPIES REQUESTED:

Funeral Home: _____

_____ Initial copy @ \$9 = _____

Street or Route #: _____

_____ Subsequent copies @ \$7 = _____

City, Zip Code: _____

\$.50 State charge for mail order = _____

Total = _____

Funeral Director's Signature: _____

=====

PLEASE DO NOT WRITE IN THIS SPACE

Fees Received By _____ Date _____ Cert. Audit Nos. _____ thru _____

=====

FOR MAIL SERVICE, PLEASE SUBMIT THIS FORM WITH YOUR CHECK OR MONEY
ORDER TO: LOUISIANA VITAL RECORDS REGISTRY
P.O. BOX 60630
NEW ORLEANS, LOUISIANA 70160

MAIL CERTIFICATE(S) TO: NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____