DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
VITAL RECORDS REGISTRY

APPLICATION FOR BIRTH RESULTING IN STILLBIRTH CERTIFICATE

PHS 520D Rev. (9/07)

FOR MAIL SERVICE: **SUBMIT COMPLETED APPLICATION**, **COPY OF STATE ISSUED PHOTO ID** and **CHECK OR MONEY ORDER** TO: VITAL RECORDS REGISTRY, P.O. BOX 60630, NEW ORLEANS, LA 70160. **PLEASE DO NOT SEND CASH.** IF NO RECORD IS FOUND, YOU WILL BE NOTIFIED AND FEES WILL BE RETAINED FOR THE SEARCH PER R.S. 40:40.

NOT FOR USE TO ORDER CERTIFICATE OF LIVE BIRTH OR CERTIFICATE OF DEATH

☐ Complimentary Birth Resulting in Stillbirth Certificate 1 Copy **NO FEE**

☐ Additional Birth Resulting in Stillbirth Certificate # Copies Requested: _____ at $15.00 each = $ _____

TOTAL FROM ABOVE: $ _____

Mail Orders add .50 state charge per transaction $ _____

TOTAL FEES DUE: $ _____

* See note below

_____
NAME OF STILLBORN (IF APPLICABLE)

_____ _____
DATE OF STILLBIRTH SEX

_____ _____
HOSPITAL OF DELIVERY PARISH OF STILLBIRTH

_____
FATHER'S NAME (IF APPLICABLE)

_____
MOTHER'S FULL MAIDEN NAME - BEFORE MARRIAGE

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE: *(MUST SUBMIT PHOTO ID)*

Check one: ___Mother ___Father

PRINT NAME AND MAILING ADDRESS OF APPLICANT:

Name _____

Street or Route No. _____

City and State _____

Zip Code

Home Phone No. _____ Office Phone No. _____

NOTE: PLEASE CHECK THE FOLLOWING:

____Signed Application

____Copy of Federal or State Photo ID

____Correct Fees

I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY FALSE AN APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS SUBJECT UPON CONVICTION TO A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENTOF NOT MORE THAN FIVE YEARS, OR BOTH.

Signature of Applicant: _____

*PLEASE 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.