CLERK OF DISTRICT COURT
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

PHS520F (Rev. 6/00)

☐ **BIRTH CARD** **BIRTH CARD: $14.00**

☐ **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

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NOTES:

SEARCH METHOD	**EMPLOYEE**	**DATE**
Computer:	_____	_____
Certificate #	_____	
Referred to State Vital Records:	_____ Date	