



APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

Birth Certificate # Copies Requested: _____ @ \$34.00 each = \$ _____

Birth Certificate + Birth Card # Copies Requested: _____ @ \$48.00 each = \$ _____
(Sold as pair only)

Death Certificate # Copies Requested: _____ @ \$26.00 each = \$ _____

If no record is found, you will be notified and fees will be retained for the search per R.S. 40.40. All fees set by statute per R.s. 40:39-40

Total Fees Due \$ _____

Name at Birth/Death: 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

First Name Middle Name Last Name

Date of Birth/Death Sex City of Birth/Death Parish of Birth/Death

Father's Name:

First Name Middle Name Last Name

Mother's Full Maiden Name before Marriage:

First Name Middle Name Maiden

Relationship to Person Named on the Certificate (Must Submit Photo ID)

Self Father Grandparent Sister Legal Guardian Mother Child Grandchild Brother Current Spouse Other
(with judgement of custody)

Applicant Information:

First Name Last Name Day Phone

Email

Residence Address City State 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 Please Print completed form, Sign and **Deliver in Person** to the DeSoto Parish Clerk's Office

Order will be returned if items not completed and included: _____ Signed Application _____ Copy of Federal or State photo ID _____ Correct Fees