

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

**INSTRUCTIONS FOR ORDERING CERTIFIED COPIES OF BIRTH  
AND DEATH CERTIFICATES**

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The Louisiana Vital Records Registry is the repository for all Louisiana Birth Certificates less than **101 years old** and all Louisiana Death Certificates less than **51 years old**. Existing records of births which occurred in Louisiana more than 100 years ago or deaths which occurred more than 50 years ago are maintained by the Office of the Secretary of State. If the birth or death occurred in another state, please contact the Vital Records office in that state for instructions.

Birth and death records on file in this office can be disclosed only in accordance with Louisiana Revised Statute 40:41 and the Louisiana Administrative Code.

To place an order for a Birth or Death Certificate, complete the APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE and mail it to the following address:

**Vital Records Registry  
P.O. Box 60630  
New Orleans, LA 70160**

Please note that a search cannot be performed unless you provide all of the information requested on the application, sign in the space allocated for "Signature of Applicant" and include a copy of your state picture I.D. and correct required fees.

The fee for each short-form birth certification card is \$9, the fee for each long-form birth certificate is \$15, and the fee for a certified copy of a death certificate is \$7, PLUS \$.50 per transaction for each mail or VitalChek order. Complete the fee portions on the Application for Certified Copy of Birth/Death Certificate and submit the total fees due.

Fees must be remitted by personal check or money order for the exact amount at the time the order is placed. No credit cards are accepted. If the record is not on file, one fee is retained to cover the expense of the search.

If you wish to order a document online, by fax or telephone, or if you have an urgent need for a document, you may click here: <http://www.vitalchek.com/> or you may call VitalChek at 1 (877) 605-8562. Pay VitalChek by credit card only.

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- If your record was not filed in Louisiana, you will need to contact the state in which the record was filed. For information on vital records from other states, a list of state Vital Records Registry Offices can be found on the National CDC web site at [www.cdc.gov/nchs/howto/w2w/w2welcom.htm](http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm).

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**IDENTIFICATION REQUIREMENTS**

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Persons who apply for a certified copy of a **BIRTH** or **DEATH** certificate or seek to alter or amend a vital record at a Vital Records Registry customer service office must produce identification in the form of one primary document or two secondary documents. (Note: Marriage certificates are not confidential records. Orleans Parish Marriage certificates may be purchased without identification.)

**A. Primary Documents**

- A state issued Driver's License or identification that includes a photograph which clearly identifies the applicant as the same.
- A state issued picture identification that includes a photograph which clearly identifies the applicant as the same.
- A current U.S. military identification card that includes a photograph which clearly identifies the applicant as the same.
- A U.S. Passport with current photograph which clearly identifies the applicant as the same.
- For students High School or below, a current school yearbook or a current school identification document with a photograph that clearly identifies the applicant as the same.

**B. Secondary Documents**

- A student picture identification card from a Louisiana college or university when accompanied by a 100% fee paid receipt for the current semester. (COUNTS AS TWO DOCUMENTS).
- A W-2 form issued within the last two years plus an original signed Social Security Card. The Social Security numbers must match. (COUNTS AS TWO DOCUMENTS).
- Original adoption papers.
- Official certified deeds or title to property in Louisiana.
- Louisiana certificate of vehicle title.
- Insurance policy (Health, Home, Life, Auto).
- A payroll stub which shows the name and social security number of applicant. (Cannot be handwritten stubs).
- A current U.S. military dependent identification card that includes a photograph which clearly identifies the applicant as the same.
- Original DD-214 Military Discharge document which clearly identifies the bearer as the same.

**\*\*IMPORTANT: IN CASES WHERE APPLICANTS PROVIDE OR ATTEST TO FALSE INFORMATION, THE INDIVIDUAL WHO SIGNS THE APPLICATION IS THE INDIVIDUAL PROSECUTED.**

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

**APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE**

PHS 520A

Rev. (5/05)

**FOR MAIL SERVICE: SUBMIT APPLICATION, COPY OF STATE OR FEDERAL PHOTO ID AND CHECK OR MONEY ORDER TO: VITAL 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.**

<input type="checkbox"/> Short-Form Birth Certification Card	# Copies Requested: _____	at \$ 9.00 each =	\$ _____
<input type="checkbox"/> Long-Form Birth Certificate	# Copies Requested: _____	at \$15.00 each =	\$ _____
<input type="checkbox"/> Death Certificate	# Copies Requested: _____	at \$ 7.00 each =	\$ _____
<b>TOTAL FROM ABOVE:</b>			<b>\$ _____</b>
<b>Mail Orders add .50 state charge per transaction</b>			<b>\$ _____</b>
<b>TOTAL FEES DUE:</b>			<b>\$ _____</b>

\* See note below

NAME AT BIRTH/DEATH (FIRST, MIDDLE, LAST) \_\_\_\_\_

DATE OF BIRTH/DEATH \_\_\_\_\_ SEX \_\_\_\_\_

CITY OF BIRTH/DEATH \_\_\_\_\_ PARISH OF BIRTH/DEATH \_\_\_\_\_

FATHER'S NAME (FIRST, MIDDLE, LAST) (FOR BIRTH RECORDS ONLY) \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME (FIRST, MIDDLE, LAST)- BEFORE MARRIAGE \_\_\_\_\_

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

Check one:  Self  Mother  Father  Child  Grandparent  Grandchild  Current Spouse

Sister  Brother  Legal Guardian (with Judgment of Custody)  Other (Specify) \_\_\_\_\_

**PRINT NAME AND ADDRESS OF APPLICANT:**

Name \_\_\_\_\_

Street or \_\_\_\_\_

Route No. \_\_\_\_\_

City and \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home \_\_\_\_\_ Office \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

**NOTE: PLEASE CHECK THE FOLLOWING:**  
(ORDER WILL BE RETURNED IF ITEMS NOT COMPLETED AND INCLUDED)

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 IMPRISONMENT OF NOT MORE THAN FIVE YEARS, OR BOTH.**

**Signature of Applicant:** \_\_\_\_\_

**CERTIFICATE TO BE MAILED TO:**

Name \_\_\_\_\_

Street or \_\_\_\_\_

Route No. \_\_\_\_\_

City and \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

SEARCH METHOD	EMPLOYEE	DATE
TRANSMITTAL:	_____	_____
COMPUTER:	_____	_____
MICROFILM:	_____	_____
BOOK INDICES:	_____	_____
CHARITY CARDS:	_____	_____
DELAY CARDS:	_____	_____
HAND SEARCHED:	_____	_____
OTHER (INDICATE):	_____	_____

\*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.