

LAFAYETTE PARISH - CLERK OF COURT

APPLICATION FOR CERTIFIED COPY OF LOUISIANA BIRTH CERTIFICATE/BIRTH CARD

DATE: _____

PLEASE CHECK ONE OF THE FOLLOWING:

_____ BIRTH CERTIFICATE # OF COPIES REQUESTED _____ \$34.00 EACH = _____ (CASH/ CREDIT CARD)

_____ BIRTH CERTIFICATE + BIRTH CARD # OF SETS _____ \$48.00 EACH = _____ (CASH/CREDIT CARD)

A CONVENIENCE FEE OF 3.00% WILL BE ASSESSED TO EACH CREDIT/DEBIT TRANSACTION

----- (Information on certificate needed) -----

NAME AT BIRTH _____

(FIRST MIDDLE LAST)

DATE OF BIRTH _____ SEX: MALE FEMALE

(MM/DD/YYYY)

CITY or PARISH OF BIRTH _____

MOTHER'S FULL MAIDEN NAME _____

FATHER'S FULL NAME _____

----- (Information on person filling out this form) -----

*****WHO ARE YOU IN RELATION TO PERSON YOU ARE GETTING CERTIFICATE FOR: (MUST HAVE VALID PHOTO ID)**

CHECK ONE BELOW:

_____ SELF _____ MOTHER _____ FATHER _____ BROTHER _____ SISTER _____ GRANDPARENT

_____ CHILD _____ GRANDCHILD _____ CURRENT SPOUSE _____ LEGAL GUARDIAN _____ OTHER
(WITH CERTIFIED COPY OF CUSTODY JUDGMENT) (WITH APPROPRIATE PAPERWORK)

PRINT NAME AND ADDRESS OF APPLICANT: (Person filling out this form)

NAME: _____

ADDRESS: _____

CITY/ STATE/ ZIP CODE: _____

PHONE # (_____) _____

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 \$10,000.00 OR IMPRISONMENT OF NOT MORE THAN FIVE YEARS, OR BOTH.

SIGNATURE OF APPLICANT: _____

NO REFUNDS WILL BE ISSUED FOR CERTIFICATES. PLEASE REVIEW YOUR CERTIFICATE BEFORE YOU LEAVE AND NOTIFY THE CLERK IF IT CONTAINS ANY ERRORS. THE CLERK WILL GIVE YOU THE CONTACT INFORMATION FOR THE VITAL RECORDS AMENDMENT DEPARTMENT.

-----**FOR OFFICE USE ONLY, DO NOT FILL OUT BELOW**-----

CASE # _____

BIRTH CARD # _____

BIRTH CERTIFICATE # _____