

LAFAYETTE PARISH - CLERK OF COURT

APPLICATION FOR CERTIFIED COPY OF LOUISIANA DEATH CERTIFICATE

DATE: _____

_____ DEATH CERTIFICATE# OF COPIES REQUESTED _____ \$26.00 EACH = _____ (CASH/CREDIT CARD)

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

THERE IS A MINIMUM CONVENIENCE FEE OF \$1.00 FOR TRANSACTIONS UNDER \$33.00.

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

NAME AT DEATH _____

(FIRST MIDDLE LAST)

DATE OF DEATH _____

SEX:

MALE

FEMALE

(MM/DD/YYYY)

CAUSE OF DEATH _____

CITY OF DEATH _____

PARISH OF DEATH _____

FATHER'S NAME (optional) _____

MOTHER'S MAIDEN NAME (Last name when she was born) _____

----- (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:

_____ BENEFICIARY (APPROPRIATE PAPERWORK NEEDED) _____ MOTHER _____ FATHER _____ BROTHER

_____ SISTER _____ GRANDPARENT _____ CHILD _____ GRANDCHILD _____ SURVIVING SPOUSE

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-----

CASE # _____

DEATH CERTIFICATE # _____