

**STATE OF LOUISIANA**  
**DANA BENSON - CLERK OF COURT**  
**OUACHITA PARISH**

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

<input type="checkbox"/> <b>Birth Certificate</b>	Number of Copies Requested: _____	\$34.00 each	_____
<input type="checkbox"/> <b>Birth Certificate</b> + Birth Card <i>(sold as pair only)</i>	Number of Pairs Requested: _____	\$48.00 each	_____
<input type="checkbox"/> <b>Death Certificate</b>	Number of Copies Requested: _____	\$26.00 each	_____
<input type="checkbox"/> Check for Fetal Death (stillborn) Certificate			SUBTOTAL _____
			<b>TOTAL FEES DUE</b> _____

**If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40**

**Record Information**

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.

**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 \_\_\_\_\_

**Mother's Full Maiden Name before Marriage**

First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

**Relationship to Person Named on the Certificate (must submit photo ID)**

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

**Applicant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ ZIP Code \_\_\_\_\_

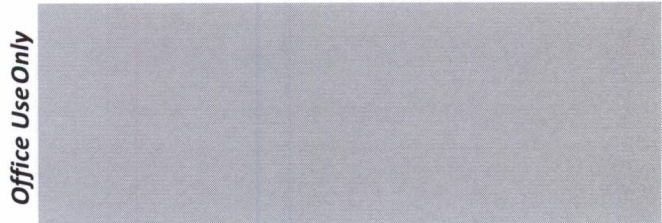
**Mailing Address for Certificates**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_



**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** \_\_\_\_\_

**Order will be returned if items not completed and included:**

Signed application   
  Copy of Federal or State photo ID   
  Correct fees