Louisiana State Archives
Mail-In & Email Genealogical Research Request Form

For a list of acceptable requests, please refer to the Research Library Mail-In Research Request Fee Schedule LH4.

NOTE: This form is not to be used for Vital Records requests (birth, death and Orleans parish marriage records).

For the person or subject on whom you seek information, please complete the following:
(List only one name and record you would like researched and copied. Use a separate form for each additional research request.)

Person: _______________________________________________________________________

Record: _______________________________________________________________________

Date Span: ___________________________ Parish: _________________________________

Municipality: __________________________________________________________________

Other: _________________________________________________________________________

The Archives is not authorized or staffed to engage in comprehensive genealogical research or to verify family relationships, and is limited to only specific requests. A list of genealogists who conduct research for a fee is available upon request.

If payment is with credit/debit card, bankcard payment information must be received at the time of the request. For assistance, please call 225.922.1207 or 225.922.1208.

Submit payment by check, money order, or bankcard information to:

Secretary of State
Research Library
P.O. Box 94125
Baton Rouge, LA  70804-9125

Email: archives@sos.la.gov
Phone: 225.922.1207 or 225.922.1208

NOTE: Fees are for research and must be collected for both successful and unsuccessful searches. Please do not send cash! Payment must be received prior to research.

Name: _________________________________________________________

Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Daytime Phone Number: (___) ______________________________

Email: _________________________________________________________

Bankcard Number: ____________________________ Expiration Date: ________________

LFP 2 (Rev. 10/19)