

Application For Certified Copy of Public Vital Records

Check only one of the two following categories. Please print information clearly.

1. ___ Orleans Parish/Statewide birth record (birth over 100 years ago)*

or

2. ___ Orleans Parish/Statewide death record (death over 50 years ago)*

Name (First, Middle, Last)

Date (If unknown, indicate three year span to be researched) Volume (if known) Page (if known)

City Parish

3. ___ Orleans Parish marriage record (marriage over 50 years ago)**

Groom's Name (First, Middle, Last)

Bride's Name (First, Middle, Maiden Name)

Date (If unknown, indicate three year span to be researched) Volume (if known) Page (if known)

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|---|---|
| Submit check or money order to: Secretary of State Vital Records P.O. Box 94125 Baton Rouge, LA 70804-9125 | <u>Please do not send cash!</u> Phone 225.922.2012 for assistance <u>NOTE:</u> Limit Ten (10) Requests Per Mailing |
|---|---|

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone number (day) including area code: _____

Number of copies requested: _____ Total fees due (\$5 each): _____

For current records, such as births less than 100 years, deaths less than 50 years and Orleans marriages less than 50 years, please contact:

Department of Health and Hospitals
Vital Records Registry
P.O. Box 60630
New Orleans, LA 70160
Email: _dhh-vitalweb@la.gov
Phone 504.593.5100 or visit their website at www.ldh.la.gov