

\$ _____
COLLECTED

INITIALS

\$ _____
CHANGE



ST. MARTIN PARISH CLERK OF COURT

Laura B. Blanchard
P.O. BOX 308
ST. MARTINVILLE, LA 70582
337.394.2210



APPLICATION FOR CERTIFIED COPY OF BIRTH / DEATH CERTIFICATE

DATE: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- BIRTH CERTIFICATE \$34.00 EACH NUMBER OF COPIES REQUESTED _____
 - DEATH CERTIFICATE \$26.00 EACH NUMBER OF COPIES REQUESTED _____
 - BIRTH CERTIFICATE & BIRTH CARD \$48.00 EACH NUMBER OF COPIES REQUESTED _____
(SOLD AS PAIR ONLY)
- ***CASH ONLY*****

TOTAL FEES DUE \$ _____

RECORD INFORMATION (PRINT):

NAME:

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH/DEATH _____ SEX _____

CITY OF BIRTH/DEATH _____ PARISH OF BIRTH/DEATH _____

MOTHERS FULL MAIDEN NAME (BEFORE MARRIAGE)

FIRST _____ MIDDLE _____ MAIDEN _____

FATHERS NAME

FIRST _____ MIDDLE _____ LAST _____

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE (MUST HAVE VALID PHOTO ID)

- SELF FATHER GRANDPARENT SISTER LEGAL GUARDIAN
(WITH JUDGMENT OF CUSTODY)
- MOTHER CHILD BROTHER CURRENT SPOUSE OTHER (SPECIFY): _____

APPLICANT INFORMATION:

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ CURRENT PHONE NUMBER _____

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 MORE THAN FIVE YEARS OR BOTH.

SIGNATURE OF APPLICANT: _____

THE FOLLWING MUST BE RECEIVED BEFORE PROCESSING THIS APPLICATION:

- SIGNED APPLICATION COPY OF APPLICANT'S FEDERAL OR STATE PHOTO ID CORRECT FEES

FOR OFFICE USE ONLY	
CASE # _____	BIRTH CERTIFICATE # _____
BIRTH CARD # _____	DEATH CERTIFICATE # _____