

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
VITAL RECORDS REGISTRY**

**CLERK OF DISTRICT COURT
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

PHS 520F

Rev. (9/07)

THIS FORM IS TO BE USED FOR WALK IN SERVICES AT THE CLERK OF COURT OFFICE ONLY.

<input type="checkbox"/> Short-Form Birth Certification Card	# Copies Requested: _____	at \$14.00 each =	\$ _____
<input type="checkbox"/> Long-Form Birth Certificate	# Copies Requested: _____	at \$24.00 each =	\$ _____
TOTAL FEES DUE:			\$ _____

* See note below

NAME AT BIRTH (FIRST, MIDDLE, LAST) _____

DATE OF BIRTH _____ SEX _____

CITY OF BIRTH _____ PARISH OF BIRTH _____

FATHER'S NAME _____

MOTHER'S FULL MAIDEN NAME - BEFORE MARRIAGE _____

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE:

(MUST SUBMIT PHOTO ID)

Check one: Self Mother Father Grandparent Grandchild Current Spouse
 Sister Brother Legal Guardian (with Judgement of Custody) Other (Specify) _____

PRINT NAME AND ADDRESS OF APPLICANT:

Name _____
Street or _____
Route No. _____
City and _____
State _____
Zip Code _____

Home _____ Office _____
Phone No. _____ Phone No. _____

NOTE: PLEASE CHECK THE FOLLOWING:

Signed Application
 Copy of Federal or State Photo ID
 Correct Fees

**I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY FALSE 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 of Applicant: _____

NOTES:

SEARCH METHOD	EMPLOYEE	DATE
COMPUTER:	_____	_____
CERTIFICATE#	_____	_____
REFERRED TO STATE		
VITAL RECORDS:		DATE OF REFERRAL