

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

APPLICATION FOR BIRTH RESULTING IN STILLBIRTH CERTIFICATE

PHS 520D

Rev. (9/07)

FOR MAIL SERVICE: **SUBMIT COMPLETED APPLICATION, COPY OF STATE ISSUED PHOTO ID and CHECK OR MONEY ORDER TO:**
VITAL RECORDS REGISTRY, P.O. BOX 60630, NEW ORLEANS, LA 70160. **PLEASE DO NOT SEND CASH.**
IF NO RECORD IS FOUND, YOU WILL BE NOTIFIED AND FEES WILL BE RETAINED FOR THE SEARCH PER R.S. 40:40.

NOT FOR USE TO ORDER CERTIFICATE OF LIVE BIRTH OR CERTIFICATE OF DEATH

<input type="checkbox"/> Complimentary Birth Resulting in Stillbirth Certificate	1 Copy	NO FEE
<input type="checkbox"/> Additional Birth Resulting in Stillbirth Certificate	# Copies Requested: _____ at \$15.00 each =	\$ _____
TOTAL FROM ABOVE:		\$ _____
Mail Orders add .50 state charge per transaction		\$ _____
TOTAL FEES DUE:		\$ _____

* See note below

NAME OF STILLBORN (IF APPLICABLE) _____

DATE OF STILLBIRTH _____ SEX _____

HOSPITAL OF DELIVERY _____ PARISH OF STILLBIRTH _____

FATHER'S NAME (IF APPLICABLE) _____

MOTHER'S FULL MAIDEN NAME - BEFORE MARRIAGE _____

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE: (MUST SUBMIT PHOTO ID)

Check one: ___ Mother ___ Father

PRINT NAME AND MAILING 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: _____