



**Eliana DeFrancesch**  
**Clerk of Court**  
**St. John the Baptist Parish**



**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATES**

PLEASE INDICATE HOW MANY CERTIFIED COPIES YOU NEED.

_____ BIRTH CARD	\$14.00
_____ BIRTH CERTIFICATE	\$24.00

\_\_\_\_\_  
 FULL NAME AT BIRTH (FIRST, MIDDLE, LAST)

\_\_\_\_\_  
 DATE OF BIRTH

\_\_\_\_\_  
 SEX

\_\_\_\_\_  
 CITY OF BIRTH

\_\_\_\_\_  
 PARISH OF BIRTH

\_\_\_\_\_  
 FATHER'S NAME (FOR BIRTH RECORDS ONLY)

\_\_\_\_\_  
 MOTHER'S MAIDEN NAME (BEFORE MARRIAGE)

HOW ARE YOU RELATED TO THE PERSON WHOSE RECORD YOU ARE REQUESTING? \_\_\_\_\_

PRINT YOUR ADDRESS (FOR OUR RECORDS ONLY):

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY FALSE STATEMENT IN AN APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS SUBJECT UPON CONVICTION TO A FINE OF NOT MORE THAN \$10,000.00 OR IMPRINSONMENT OF NOT MORE THAN FIVE YEARS, OR BOTH.

SIGNATURE OF APPLICANT: \_\_\_\_\_