



ST MARTIN PARISH CLERK OF COURT

BECKY P. PATIN

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

TOTAL FEES DUE \$ _____

*****CASH ONLY*****

RECORD INFORMATION: (Print)

For Birth or Death Event

Name

First _____ Middle _____ Last _____

Date of Birth/Death _____ Sex _____

City of Birth/Death _____ Parish of Birth/Death _____

Mother's Full Maiden Name before Marriage

First _____ Middle _____ Maiden _____

Father's Name

First _____ Middle _____ Last _____

Relationship to Person Named on the Certificate (must submit photo ID)

Self Father Grandparent Sister Legal Guardian (with judgment of custody)

Mother Child Grandchild Brother Current Spouse Other (specify): _____

APPLICANT INFORMATION: (Print)

First Name _____ Last Name _____

Address _____ City _____ State _____

Zip Code _____ Current Phone _____

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 FOLLOWING 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 # _____ DEATH CERTIFICATE # _____

BIRTH CERTIFICATE # _____ BIRTH CARD # _____