



Webster Parish Clerk of Court

Holli Vining, Clerk of Court

410 Main Street
Minden, La. 71055

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

FORM PROVIDED BY LOUISIANA STATE REGISTRAR

<input type="checkbox"/> Birth Certificate	Number of Copies Requested: _____	\$34.00 each	_____
<input type="checkbox"/> Death Certificate	Number of Copies Requested: _____	\$26.00 each	_____
		SUBTOTAL	_____
		TOTAL FEES DUE	_____

If no record is found, you will be notified and fees will be retained for the search per R.S. 40:40. All fees set by statute per R.S. 40:39-40 and Act 390.

Record Information

NOTE: Birth records over **100 years old** and Death records over **50 years old** can be obtained by writing the Secretary of State. Address: Louisiana State Archives, P.O. Box 94125, Baton Rouge, LA 70804-9125.

Name at Birth/Death

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)

- | | | | | |
|---------------------------------|---------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Father | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sister | <input type="checkbox"/> Legal Guardian (with judgement of custody) |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Brother | <input type="checkbox"/> Current Spouse |

Applicant Information

First Name _____ Last Name _____ Day Phone _____

Residence Address _____ City _____ State _____

Email _____ ZIP Code _____

Office Use Only

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 not more than five years, or both.

Signature _____

VR Form S1 Rev 6/16

Order will be returned if items not completed and included:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Signed application | <input type="checkbox"/> Copy of Federal or State photo ID | <input type="checkbox"/> Correct fees |
|---|--|---------------------------------------|