



# HOLLI VINING

*Clerk of the Twenty-Sixth Judicial District Court  
Webster Parish*

## APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH RECORD

\_\_\_ Birth Certificate      Number of Copies Requested \_\_\_      X \$34.00 each= \_\_\_

\_\_\_ Death Certificate      Number of Copies Requested \_\_\_      X \$26.00 each= \_\_\_

If no record is found, you will be notified and refunded \$15 for each record not found.      Refunded Fees= \_\_\_

TOTAL FEES DUE \_\_\_

### Record Information for Birth or Death Event:

Name at Birth:

First \_\_\_ Middle: \_\_\_ Last: \_\_\_

Date of event: \_\_\_ Sex: \_\_\_

City and Parish of event: \_\_\_

Father's Name:

First \_\_\_ Middle: \_\_\_ Last: \_\_\_

Mother's Full Maiden Name before Marriage:

First \_\_\_ Middle: \_\_\_ Last: \_\_\_

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

\_\_\_ Self    \_\_\_ Father    \_\_\_ Mother    \_\_\_ Grandparent    \_\_\_ Sister    \_\_\_ Brother  
\_\_\_ Child    \_\_\_ Grandchild    \_\_\_ Current Spouse    \_\_\_ Legal Guardian (with judgment of  
custody)    \_\_\_ Other (specify): \_\_\_

### Applicant Information:

First Name: \_\_\_ Last Name: \_\_\_ Day Phone: \_\_\_

Address: \_\_\_, City/State: \_\_\_

Email: \_\_\_ Zip Code: \_\_\_

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 \_\_\_\_\_

### OFFICE USE ONLY

CERTIFICATE # \_\_\_\_\_ DEPUTY \_\_\_\_\_ DATE \_\_\_\_\_