



RED RIVER PARISH  
CLERK OF COURT

HON. STUART R. SHAW

Red River Parish Clerk of Court

Stuart R. Shaw, Clerk of Court

615 E Carroll Street  
Coushatta, LA 71019

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

<input type="checkbox"/> Birth Certificate	Number of Copies Requested: _____	\$34.00 each	_____
<input type="checkbox"/> Birth Certificate + Birth Card (sold as pair only-Act 270)	Number of Pairs Requested: _____	\$48.00	_____
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

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

Certificate # \_\_\_\_\_ Initial: \_\_\_\_\_

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 |
|---|--|---------------------------------------|