

**LOUISIANA VITAL RECORDS REGISTRY
RELEASE AUTHORIZATION**

In instances where an individual cannot present the required identification, a relative with proper identification can purchase the document. Alternatively, an unrelated individual who knows the applicant and has proper identification may obtain the record by presenting this Release Authorization signed by the registrant.

In cases where either individual provides or attests to false information, both persons will be prosecuted. All such cases are immediately referred to the Office of the District Attorney, Parish of Orleans. In accordance with LSA. R.S.40:61, conviction carries a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

Registrant (or sibling, spouse, ascendant or descendent of registrant) Statement

This is to authorize the Louisiana Vital Records Registry to release the (birth)(death) record of:

(Full Name)

(Date of Event)

(Place of event)

To the following named individual:

Full Name

Street Address

City, State, Zip Code-

Telephone Number (Daytime)

Your relationship to the registrant named on the birth or death certificate:

Signature of:

Registrant (or sibling, spouse, ascendant or descendent of registrant)

Address

City, State, Zip

Telephone Number

Signature of:

Person Authorized to Obtain Birth/Death Record