

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
VITAL RECORDS REGISTRY

PHS 520C

APPLICATION FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

(Rev. 3/98)

FOR SERVICE BY MAIL: SUBMIT CHECK OR MONEY ORDER PAYABLE TO VITAL RECORDS. MAIL TO: VITAL RECORDS REGISTRY, P.O. BOX 60630, NEW ORLEANS, LA 70160. **PLEASE DO NOT SEND CASH.** IF NO RECORD IS FOUND, YOU WILL BE NOTIFIED AND FEES WILL BE RETAINED FOR THE SEARCH.

MARRIAGE RECORD OF:

FEE: \$5.00 ea

GROOM (FIRST, MIDDLE, LAST)

BRIDE (FIRST, MIDDLE, MAIDEN NAME)

PARISH WHERE LICENSE WAS PURCHASED

DATE OF MARRIAGE

PLEASE NOTE: A MARRIAGE RECORD IS AVAILABLE FROM THE VITAL RECORDS REGISTRY ONLY IF THE MARRIAGE LICENSE WAS PURCHASED IN ORLEANS PARISH. OTHERWISE YOU MUST CONTACT THE CLERK OF COURT IN THE PARISH WHERE THE LICENSE WAS PURCHASED.

PRINT YOUR ADDRESS

Name _____

Number of Copies
Requested _____

Street or
Route No. _____

Total Fees Due \$ _____

City and
State _____

Home Phone No. _____ Office Phone No. _____ ZIP CODE _____