

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

**LOCAL REGISTRAR/DEPUTY LOCAL REGISTRAR  
SIGNATURE FILE**

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Region: \_\_\_\_\_ Parish: \_\_\_\_\_

Health Unit Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Local Registrar: \_\_\_\_\_

Signature of Local Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Deputy Registrar: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Written Name of Registrar/Initials of Deputy Registrar)

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

|                                      |                    |
|--------------------------------------|--------------------|
| For Vital Records Registry Use Only: |                    |
| Date Received: _____                 | Received By: _____ |
| Date Terminated: _____               |                    |