



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS



**MEMORANDUM**

To: Darlene W. Smith  
Vital Records State Registrar

Registrar: \_\_\_\_\_  
Health Unit: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

Subject: Monthly Banknote Reconciliation for Month of \_\_\_\_\_

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

<u>Flat Death Certificate Stock</u>	<b>TOTAL</b>
Beg. Audit Number	_____
End Audit Number	_____
Number DCs Sold @ 9.00	_____
Number DCs Sold @ 7.00	_____
Number of DCs Voided	_____

Number of Burial Transit Permits Issued \_\_\_\_\_

<u>Flat Birth Certificate Stock</u>	
Beg. Audit Number	_____
End Audit Number	_____
Number Flat BCs Sold	_____
Number of BCs Voided	_____

<u>Computer Banknote Birth Certificates/Cards</u>	
Beg. Audit Number	_____
End Audit Number	_____
Number of Certificates Sold	_____
Number of Certificates Voided	_____
Beg. Audit Number	_____
End Audit Number	_____
Number of Cards Sold	_____
Number of Cards Voided	_____

*Please do not fax report. Send along with Voided Banknotes to Address Below:  
Attention: Field Representatives*