



**CITY OF LAREDO HEALTH DEPARTMENT
OFFICE OF VITAL STATISTICS
P. O. Box 2337 Laredo, TX 78044**



Application for Birth or Death Record – Mail Request

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WITH THIS REQUEST

Birth Certificate		Death Certificate	
<input type="radio"/> Long Form \$23.00 <input type="radio"/> Processing Fee \$5.00 (Required)** <input type="radio"/> Certified Mail Fee \$7.25**	Number of Copies _____	<input type="radio"/> Certified Copy (1 st Copy) \$21.00 <input type="radio"/> Additional Copies \$4.00 <input type="radio"/> Processing Fee \$5.00 (Required)** <input type="radio"/> Certified Mail Fee \$7.25**	Number of Copies _____
Total Fee Enclosed \$ _____ **Fee must include cost of Certificates, Processing fee, and Mail fees (mail fees required unless prepaid envelope or label is submitted.) Only <u>money orders</u> or <u>credit card</u> authorization forms are accepted for mail requests.		Birth/Death Certificate Control Number (Office Use Only) _____	

(Part I) Name of Person on Record		Middle Name	Last Name
First Name			
Date of Birth Or Death	Month:	Day:	Year:
Gender / Sex		Male	Female
Place of Birth Or Death: City		County	State
Laredo		Webb	Texas
Parent 1 First Name	Middle Name	Last Name/Maiden Last Name	
Parent 2 First Name	Middle Name	Last Name/Maiden Last Name	
Applicants Full Name:		Relationship to Person on Record:	
Purpose for obtaining record:	Address:	City:	State: Zip Code:
Email Address:		Daytime Phone: () _____ -- _____	

I am aware that the PENALTY for knowingly making a false statement in this form can result in 2 -10 years in prison and a fine of up to \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003) I further understand that for any search of the files where a record is not found, the search fee of \$23.00 is NEITHER REFUNDABLE NOR TRANSFERABLE.

Applicant's Signature _____ **Date** _____

(PART II) AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
 (Applicant's Name)

now residing at _____
 (Address) (City) (State)

who is related to the person named on Part I as _____ and who on oath deposes and says that the
 (Relationship)
 contents of this affidavit are true and correct.

The applicant presented the following type _____ and number of identification _____

Applicants Signature _____

Sworn to and subscribed before me, this _____ day _____, 20____

Signature of Notary Public _____

Notary ID Number _____

Typed or Printed Name _____

Street Address _____

City, State, Zip _____

BELOW FOR OFFICE USE ONLY

DM No:

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 Copies Issued: _____ ID Provided: _____ Notes: _____

Processed by: _____ Date: _____



Photo identification is required

Identification must be Current/Valid:

- US Government issued valid driver's license;
- US Government issued valid State/City/County ID card;
- US Government issued Passport US Border Crossing Card, B1/B2 VISA Card or Passport Card Permanent Resident Card or Valid Resident Alien Card;
- US Military ID;
- Prison ID / Offender ID card with Social Security Card;
- US Employment Authorization Card;
- SENTRI Card.

Fee must include cost of Certificate(s), Processing fee, and Mail fee (mail fee required unless prepaid envelope or label is submitted.) Only money orders or credit card authorization forms are accepted for mail requests.

For additional information please contact our office at (956) 795-4929.

Please Attach a Valid Photocopy of your Current State Identification Card or Drivers License