



CITY OF LAREDO HEALTH DEPARTMENT

OFFICE OF VITAL STATISTICS

Application for BIRTH or DEATH record



PLEASE PRINT IN BLACK INK.

**A VALID STATE ID OR DRIVERS LICENSE is REQUIRED to process your application.
The long form Birth Certificate is required for PASSPORT or IMMIGRATION purposes.**

FULL NAME of Person on Record: _____
First Name Middle Name Last Name Suffix

DATE of BIRTH or DEATH: _____ Gender/Sex: _____
Month Day Year Male/Female

PLACE of BIRTH or DEATH: _____
City or Town County State

FULL NAME of FATHER: _____
First Name Middle Name Last Name Suffix

FULL MAIDEN NAME of MOTHER: _____
First Name Middle Name Maiden Last Name

APPLICANT'S NAME: _____
First Name Middle Name Last Name

MAILING ADDRESS: _____ TELEPHONE # (____) _____
Street Address City State Zip (Mon-Fri 8:00-5:00)

RELATIONSHIP TO PERSON on RECORD: _____

BIRTH Certificates	Cost per Certificate	Number of Certificates	CONTROL NUMBERS (This column for Office Use Only)
Long Form	\$23.00		
Abstract (5x7)	\$23.00		

DEATH Certificates	Cost per Certificate	Number of Certificates	CONTROL NUMBERS (This column for Office Use Only)
1 st Certificate	\$20.00		
Additional Certificates	\$3.00		

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 NOT REFUNDABLE OR TRANSFERABLE.**

Applicant's Signature _____ Date of Application _____

FOR OFFICE USE ONLY:

DM No:

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 Copies Issued: _____ File No: _____ Page No. _____ Vol No: _____

State File No: _____ Year: _____ Notes: _____

Processed by: _____ Date: _____

