



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



Public Health
Prevent. Promote. Protect.

Application for Birth or Death Record – Mail-In Request

Please Print. Application must be Original (including signatures). **No cross out or white outs will be accepted.**

Photocopy of a valid ID must be sent with the request. Part I, II and III must be completed. Additional information provided on page 2.

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 \$ 7.35**	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 \$ 7.35**	Number of Copies _____
Total Fee Enclosed \$ _____ Include cost of each certificate, **required Processing Fee and Certified Mail fee (**Optional: mail fee will be waived if a prepaid envelope or overnight label is submitted). Acceptable payment methods are <u>money order</u> or <u>credit card</u> authorization form.		Birth/Death Certificate Control Number (Office Use Only) _____	

PART I PERSON NAMED ON RECORD (BIRTH OR DEATH RECORD)			
First Name	Middle Name	Last Name/Maiden Name	
Date of Birth Or Death Month: _____ Day: _____ Year: _____			
Place of Birth Or Death City: Laredo County: Webb State: Texas		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Parent 1 First Name	Middle Name	Last Name/Maiden Last Name	
Parent 2 First Name	Middle Name	Last Name/Maiden Last Name	

PART II APPLICANT INFORMATION AND SHIPPING ADDRESS			
Applicants Name			
Mail Address	City	State	Zip Code
Email Address		Daytime Phone Number	

Reason for request	Relationship to Person on Record – Self / Parent / Other (specify):
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 III AFFIDAVIT	
STATE OF _____	COUNTY OF _____
This instrument was acknowledged before me on _____ (Date) by _____ (Applicant's name)	
_____ (Notary Signature)	
Printed Notary Name _____	
(Notary Seal)	Address _____ City, State, Zip _____

BELOW FOR OFFICE USE ONLY	
DM: _____	Copies Issued: _____ ID Provided: _____
Notes: _____	
Processed by: _____ Date: _____	

Copies of birth certificates for births that occurred within the past 75 years or death certificates that occurred within the past 25 years can be requested only by the immediate family of the person whose name is on the record. An immediate family member is the child, their guardian, their children, spouses, parents, siblings, or grandparents

Applicants who are not immediate family members must provide legal documentation (such as a court order establishing guardianship) that demonstrates a direct, tangible interest in the birth certificate. *Section 181.1(13) of the Texas Administrative Code.*

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity.

Applications for birth certificates cannot be processed without a current/valid photo ID. If a current/valid photo ID is not received, the application will not be processed. Incomplete applicants may result in delay for processing.

Fee must include cost of Certificate(s), Processing fee, and Certified Mail fee (certified 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 legible and clear photocopy of your current/valid government /state issued Identification –
color copy preferred**