



CITY OF LAREDO HEALTH DEPARTMENT

OFFICE OF VITAL STATISTICS

Certificates are issued Monday – Friday 8am – 4pm
BIRTH or DEATH Record Application

City of Laredo Health Department



Public Health
Prevent. Promote. Protect.

A VALID STATE IDENTIFICATION is REQUIRED

Full Name of Person on Record:

First Name Middle Name Last Name Suffix

Date of Birth or Death:

Month Day Year Gender/Sex: Male Female

Place of Birth or Death:

City or Town County State

Full Name of Parent 1:

First Name Middle Name Last Name / Maiden Last Name Suffix

Full Name of Parent 2:

First Name Middle Name Last Name / Maiden Last Name Suffix

Applicant's Name:

First Name Middle Name Last Name Suffix

Address:

Street Address City State Zip Telephone (____) _____

Circle One

Relationship to person on record: Self, Parent, Grandparent, Sibling, Child, Spouse, Attorney, Other/Notary_____

Circle One

Purpose for obtaining this record: Passport, Immigration, Welfare, Lost, Stolen, School, Newborn, Other_____
(Please Specify)

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

DEATH Certificates	Cost per Certificate	Number of Certificates	CONTROL NUMBERS (This column for Office Use Only)
1 st Certificate	\$21.00		
Additional Certificates	\$4.00		

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: _____ Copies Issued: _____ ID Provided: _____

SFNo: _____ Notes: _____

Processed by: _____ Date: _____