



BEAUMONT PUBLIC HEALTH DEPARTMENT
VITAL STATISTICS DIVISION
P.O. BOX 3827
BEAUMONT, TX 77704-3827

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE – MAIL ONLY

Money Orders or Local Checks ONLY for Certificates

BIRTH ()

REQUESTED

_____ CERTIFIED COPIES (BIRTH) = \$23.00 each

DEATH ()

REQUESTED

_____ 1st CERTIFIED COPY (DEATH) = \$21.00 each

_____ ADDITIONAL COPIES (DEATH) = \$4.00 each

_____ \$11.00 Search Fee Only (No Record)

1. Full name on record: _____
2. Date of **birth**: _____ 3. Date of **death**: _____ 4. Sex: _____
5. Place of birth (City or County): _____
6. Father's full name: _____
7. Mother's full maiden name: _____
8. Applicant's name: _____ 9. Telephone #: _____
10. Mailing address: _____
11. Your relationship to person named on item #1: _____
12. Purpose for obtaining this record: _____

Signature

Date

Identification Type

ATTACH NOTARIZED AFFIDAVIT AND A PHOTOCOPY OF DRIVER'S LICENSE OR STATE I.D. TO APPLICATION

13. **DEATH CERTIFICATE** ADDITIONAL IDENTIFYING INFORMATION:

Social Security Number: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 – 10 YEARS IN PRISON AND A FINE OF UP TO \$10, 000 (HEALTH & SAFETY CODE, CHAPTER 195, SECTION 195.003).

Fees are subject to change without notice (Call 409-654-3632 for fee verification). For any search of the files where a record is not found, the searching fee is nonrefundable or transferable. Birth records are confidential for **75** years and death records for **25** years, therefore, issuance is restricted. **Please attach a photocopy of driver's license or I.D. to application.** Administrative rules require that on restricted records, all identifying information (items 1 – 7), relationship (item 11), and purpose (item 12) be provided in order to issue the record.

FOR OFFICE USE ONLY

Clerk: _____ Received: _____ Completed: _____ Pending: _____

CK [] M.O. [] CASH []

INFO: _____

Search Fee: []

Not Filed Yet: _____

Not Found: _____

Paper Number: _____

tdb 6-1-2016

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This blank page is to ensure that notarized affidavit does not print on the reverse side of the application.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

| | | | |
|---------------------------------------|--|-----------------------|-----|
| FULL NAME OF PERSON ON RECORD | | DATE OF BIRTH/DEATH | |
| PLACE OF BIRTH/DEATH (City or County) | | | SEX |
| FULL NAME OF PARENT 1 | | FULL NAME OF PARENT 2 | |

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

| | |
|---|---|
| NAME AND RELATIONSHIP TO PERSON ON RECORD | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
| | |

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
(Name)

(Address) (City) (State)
who is related to _____
(Relationship)

I, the undersigned, do hereby certify that the contents of this affidavit are true and correct.

Signature of Applicant _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Beaumont Public Health - Vital Statistics

P.O.Box 3827

Beaumont, TX 77704-3827

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)