



**CITY OF BAYTOWN
MAIL IN APPLICATION FOR
BIRTH AND DEATH RECORD**

Phone: 281-420-6504, Ext: 8139; Fax: 281-420-5891
www.baytown.org

OFFICE USE ONLY	
Certificate No	
By _____	MD

IF MAILING, PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING IN REQUEST. Make check or money orders payable to: City of Baytown

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy 5x7	\$23		
Certified Copy Long Form	\$23		
For express return delivery, please include pre-paid envelope			
Total			

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$21		
Additional Copies	\$4		
Total			

BIRTH/DEATH RECORD INFORMATION (PART I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State TEXAS
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

APPLICANTS INFORMATION (PART II)

Applicant Name (First & Last)	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

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

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant 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 contents
 of this affidavit are true and correct. (Relationship)
 The applicant presented the following type and number of identification: _____
 Applicant Signature _____
 (Seal) Sworn to and subscribed before me, this _____ day of _____, 20 _____.
 Signature of Notary Public and Notary ID Number _____
 Typed or Printed Name: _____
 Commission Expires: _____
 Street Address: _____

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 APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
City of Baytown, City Clerk's Office, Vital Statistics
P.O. Box 424, Baytown, TX 77522-0424**