



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 5-26-2016

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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 \_\_\_\_\_

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)**