

**CITY OF NEDERLAND  
VITAL STATISTICS DEPARTMENT  
MAIL APPLICATION FOR BIRTH AND DEATH CERTIFICATES**

TYPE OF RECORD/COST OF RECORDS			
<b>Birth:</b>  Each certified copy of a birth certificate is \$22.00.	<b>Death:</b>  One certified copy of a death certificate is \$20.00. Each additional copy is \$3.00.		
No. of Copies Being Requested:	No. of Copies Being Requested:		
Total Cost:	Total Cost:		
INFORMATION PERTAINING TO THE REQUESTED RECORD			
Full Name of Person on Record			
First Name:	Middle Name:	Last Name:	
Date of Event (Birth or Death)			Sex (Select One)
Month:	Day:	Year:	M <input type="checkbox"/> F <input type="checkbox"/>
Place of Event (Birth or Death)			
City:	County:	State:	
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:	
REQUESTOR'S INFORMATION			
Name:		Telephone No.:	
Email Address:			
Mailing Address:			
Relationship to person on the record listed above:			
Purpose of obtaining record:			
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)			
Signature of Applicant:			Date:

Please mail this application, payment, sworn statement, and a photocopy of your valid photo ID to:

City of Nederland  
 Attn: Vital Statistics Department  
 P.O. Box 967  
 Nederland, Texas 77627

**APPLICATIONS MAILED WITHOUT A VALID PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED.**

**CITY OF NEDERLAND  
VITAL STATISTICS DEPARTMENT  
NOTARIZED PROOF OF IDENTIFICATION**

**PART 1. 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 2. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

Name: \_\_\_\_\_

Relationship to Person on Record: \_\_\_\_\_

Type of ID Accepted when Notarized: \_\_\_\_\_

ID Number: \_\_\_\_\_

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

**PART 3. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me on this day appeared \_\_\_\_\_ (name) now residing at \_\_\_\_\_ (address) who is related to the person named on Part 1 as \_\_\_\_\_ (relationship) and who on oath deposes and says 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/Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

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