

CITY OF NEDERLAND VITAL STATISTICS P.O. Box 967 Nederland, TX 77627 409.723.1505

APPLICATION FOR BIRTH <u>OR</u> DEATH RECORD

BIRTH: # Requested Certified (Copies X \$22.00 =	DEATH: # Requested Certified Co				
Total Enclosed: _		Tota	l Enclosed:			
		PLEASE PRINT See Reverse Side for Instructions				
1. Full Name of Person on Record	First Name	Middle Name	Last Name			
2. Date of Birth <u>or</u> Death	Month	Day Year	3. Sex			
4. Place of Birth <u>or</u> Death	City or Town	County	State			
5. Full Name of Father	First	Middle	Last			
6. Full Maiden Name of Mother	First	Middle	Maiden Name			
	me:	• -	_			
	:					
9. Mailing Addre	ss:Street Address	s	City	State Zip		
10. Relationship t	to person name in Item 1:					
11. Purpose for ol	otaining record:					
12. Will this reco	rd be used to obtain a passport, f	for immigration or for the India	n registry? 🔲 Yes	□ No		
13. Death Certific	cate additional information: Birt	thdate:	Birth Place:			
	E PENALTY FOR KNOWINGLY MAKI 000. (HEALTH AND SAFETY CODE, C		DRM CAN BE 2-10 YEARS IN PR	SON AND A FINE		
SIGNATURE OF APPLICANT:			DATE: _	DATE:		
	Mail this application, pa	yment, and a photocopy of y	your valid photo ID to:			

City of Nederland

Vital Statistics Department

P.O Box 967

Nederland, TX 77627