CITY OF NEDERLAND VITAL STATISTICS P O BOX 967 NEDERLAND, TEXAS 77627 409.723.1505

APPLICATION FOR BIRTH OR DEATH RECORD

BIRTH		DEATH		
#REQUESTEDCERTIFIED	COPIES X \$22.00 =	#REQUESTEDCERTIFIED COPIES X \$20.00 =EXTRA COPIES X \$3.00 =		
TOTAL	ENCLOSED =			TOTAL ENCLOSED =
	See Rev	PLEASE PRINT erse Side for Ins		
Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth or Death	Month	Day	Year	3. Sex
Place of Birth or Death	City or Town	County	l	State
5. Full Name of Father	First Name	Middle Name		Last Name
Full Maiden Name of Mother	First Name	Middle Name		Maiden Name
7. APPLICANT'S NAME: 8. TELEPHONE #: ()				
EMAIL ADDRESS:				(MON-FRI 8:00-5:00)
9. MAILING ADDRESS: STREET ADDRESS CITY STATE ZIP				
	STREET ADDRESS		CITY	STATE ZIP
10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: 11. PURPOSE FOR OBTAINING RECORD:				
12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT, FOR IMMIGRATION OR FOR THE INDIAN REGISTRY?				
13. ADDITIONAL INFORMATION FOR <u>DEATH CERTIFICATE</u> . BIRTHDATE BIRTH PLACE				
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)				
SIGNATURE OF APPLI		DATE _		

MAIL THIS APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
CITY OF NEDERLAND
VITAL STATISTICS DEPARTMENT
P. O. BOX 967
NEDERLAND, TEXAS 77627

APPLICATIONS WITHOUT A PHOTO ID WILL NOT BE PROCESSED.

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

- •Fees are subject to change without notice. For any search where the record is not found, the searching fee is non-refundable or transferable.
- •Birth records are confidential for 50 years and death records are confidential for 25 years; therefore, issuance is restricted.
- •Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 10, and purpose (Item 11) be provided in order to issue the record.
- •Check the appropriate box for either a birth or death record and indicate the number of records requested.
- Item 1: Name on Record: State the FULL name of the person shown on the record being requested.
- Item 2: Date of Event: Enter the exact date of birth or death. If the exact date is not known, enter the date the person was last known to be alive.
- Item 3: Sex: Enter male or female.
- Item 4: Place of Birth or Death: Enter the name of the city or county in which the birth or death occurred. If the exact place of death is not known, enter the last address known when the person was alive.
- Item 5: Father's Name: Enter the full name of the father of the person shown on the record.
- Item 6: Mother's Maiden Name: Enter the full maiden name of the mother of the person shown on the record.
- Item 7: Your name: Enter your full name.
- Item 8: Telephone Number: Enter your telephone number with the area code where you can be reached between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.
- Item 9: Mailing Address: Enter your complete current mailing address.
- Item 10: Relationship to person named in Item 1: Enter how you are related to the person whose record you are requesting.
- Item 11: Purpose for obtaining this record: Enter the reason or purpose for which you are requesting this record.
- Item 12: Record to be used to obtain passport, for immigration or the Indian registry. Please check yes or no.

Item 13 ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

This additional information assists our staff in positively identifying a record when exact dates, places and spelling of the name(s) are not known for a death certificate:

Birth date of the deceased Birth place of the deceased

Any other information that would be helpful in identifying the record of an individual

SIGN AND DATE THE APPLICATION. ENCLOSE A PHOTOCOPY OF YOUR ID WITH A PICTURE ON IT (PHOTOCOPY OF PICTURE ID). MAIL TO ADDRESS AT TOP OF APPLICATION FORM WITH THE CORRECT FEE.