



**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 _____	<b>MD</b>

**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		
<b>For express return delivery, please include pre-paid envelope</b>			
<b>Total</b>			

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

**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 <b>TEXAS</b>
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 \_\_\_\_\_ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

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**