CITY OF BAYTOWN

IN OFFICE APPLICATION
BIRTH AND DEATH RECORD

Phone: 281-420-6504, Ext: 8139; Fax: 281-420-5891

www.baytown.org

Birth Certificates			
Type	Cost	# of Copies	Total
Long Form Baytown Births Only	$23		
Short Form Abstract	$23		
Other Texas Cities			
Certificate Envelope/Poly Holder	$ 2		
		Total $	

Death Certificates			
Type	Cost	# of Copies	Total
Certified Copy (1st Copy)	$21		
Additional Copies	$ 4 ea.		
Certificate Envelope/Poly	$ 2		
		Total # of Copies _____	
		Total $	

INFORMATION AS SHOWN ON RECORD

Box 1 Name on Record	First Name	Middle Name		Last Name/Suffix
Date of Birth (If Applies)	Month	Day	Year	Sex
Date of Death (If Applies)	Month	Day	Year	Sex
Place of Birth or Death	City or Town	County		State Texas
Name of Mother/Parent 1	First Name	Middle Name		Mom's Maiden Name (Surname)
Name of Father/Parent 2	First Name	Middle Name		Last Name/Suffix

REQUESTORS INFORMATION

Requestors Name (First & Last Name)	Telephone #	Email Address		
Full Mailing Address Street Address	City		State	Zip

Your Relationship to person listed in Box 1:	Purpose for obtaining this record such as:
☐ Self ☐ Parents ☐ Grandparents	☐ Newborn ☐ School ☐ Insurance
☐ Sibling ☐ Spouse ☐ Child	☐ Records ☐ Travel ☐ Passport
☐ Other Specify _____	☐ Other Specify _____

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)

Your Signature _____ Date of Application _____

OFFICE USE ONLY

P #: _____

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Issued By: GB VT SD

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