



**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 #: _____

By: _____

MD

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 Long Form Only Baytown	\$23		
Certified copy 5 x 7 (Other Texas Cities)	\$23		
For express return delivery, please include pre-paid envelope			
Total \$			

<input type="checkbox"/> Death Certificates			
Type	Cost x	# of copies	Total
Certified Copy (1 st Copy)	\$21		
Additional Copies	\$4 ea		
Total # Copies _____			
Total \$			

BIRTH/DEATH INFORMATION

Name on Record	First Name	Middle Name	Last Name
Date of Birth	Month	Day	Year
Place of Birth	City or Town	County	State Texas
Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

APPLICANT INFORMATION (PART II)

Applicant Name (First & Last Name)	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record such as passport, TWIC, DPS, Baptismal, etc.	

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) (Zip Code)

Who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal)

Sworn to and subscribed before me, this _____ day of _____, _____
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 & 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**