



**CITY OF BAYTOWN
IN OFFICE 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: _____

MD

CA CK CC

INSTRUCTIONS

1. FILL OUT APPLICATION COMPLETELY

<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		
Certificate Holder	\$ 2		
This application is for in office processing only, for mail options, please use the mail in application.			
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 RECORD 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

DEATH RECORD INFORMATION

Name on Record	First Name	Middle Name	Last Name
Date of Death	Month	Day	Year
Place of Death	City or Town Baytown	County Harris	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

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.	

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 _____

2. HAVE ALL ITEMS READY & RETURN APPLICATION, ID & PAYMENT TO WINDOW