

CITY OF LAREDO HEALTH DEPARTMENT OFFICE OF **VITAL STATISTICS**

Certificates are issued Monday – Friday 8am – 4pm BIRTH or DEATH Certificate



A VALID STATE ID OR DRIVERS LICENSE is REQUIRED

Person on Record:						
	First Name		Middle Name	Las	t Name	Suffix
Date of Birth or Death:	Month	Day	Year	Gender/Sex:	Male Female	
Place of Birth or Death:		Day	i cai		TEXAS	;
Full Name of Parent 1:	City or Town			ounty	State	
Full Name of Parent 2:	First Name		Middle Name		Name / Maiden Last Name	Suffix
	First Name		Middle Name	Last	Name / Maiden Last Name	Suffix
Applicant's Name:	First Name		Middle Name		Last Name, Suffix	
Address:					Telephone:	
Address: Street	Address		City	State Zip)	
Relationship to person	on record:					
Purpose for obtaining t	his record:					
BIRTH Certificates	FEE	QTY		CONTROL NUM	BERS (Office Use Only)	
Long Form	\$23.00					
Basic Form	\$23.00					
Plastic Cover (8x11)	\$3.00					
DEATH Certificates	FEE	QTY	co	ONTROL NUMBER	S (Office Use Only)	
1st Certificate Additional Certificates	\$21.00 \$4.00					
					statement in this form can ro APTER 195, SEC. 195.003)	esult in
(Initial) The se search of any record				OR TRANSFERABL	E which is incurred for the	;
Applicant's Signature:					Date:	
FOR OFFICE USE ON	LY:					
DM No:		Record Coun	it: ID Prov	rided:		
SFN:		LFN:	Notes:			
					e:Date:	