



CITY OF LAREDO HEALTH DEPARTMENT

VITAL STATISTICS

P.O. BOX 2337, LAREDO, TX 78044

(956) 795-4929

MAIL APPLICATION FOR BIRTH OR DEATH RECORD

PLEASE PRINT CLEARLY AND INCLUDE A COPY OF YOUR VALID ID, APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE)

DO NOT CROSS OUT OR WHITE OUT, APPLICATION WILL NOT BE ACCEPTED. PART I, II, III MUST BE COMPLETE.

PART I PERSON ON RECORD

Form with fields for 1. FIRST NAME, MIDDLE NAME, LAST NAME; 2. DATE OF EVENT (MONTH, DAY, YEAR); PLACE OF EVENT (CITY, COUNTY, STATE, SEX); 3. PARENT 1: FIRST NAME, MIDDLE NAME, MAIDEN LAST NAME, SUFFIX; 4. PARENT 2: FIRST NAME, MIDDLE NAME, MAIDEN LAST NAME, SUFFIX.

PART II APPLICANT INFORMATION AND SHIPPING ADDRESS

Form with fields for 5. APPLICANT'S NAME; 6. ADDRESS; 7. EMAIL ADDRESS; 8. PHONE; 9. REASON FOR REQUEST.

10. RELATIONSHIP TO PERSON ON RECORD: SELF / PARENT / GRANDPARENT / SIBLING / CHILD / OTHER (PROOF REQUIRED)

PART III AFFIDAVIT (NOTARY)

Affidavit section with fields for 11. STATE OF, COUNTY OF, Date, By, (Notary Public Signature), (Notary Seal).

Table with columns: COST & FEES (NOT REFUNDABLE, IF NO RECORD IS FOUND), QTY, FEE, TOTAL. Rows include PLASTIC COVER, BIRTH CERTIFICATE, DEATH CERTIFICATE, ADDITIONAL DEATH CERTIFICATES, PROCESSING FEE, CERTIFIED MAIL FEE, and TOTAL ENCLOSED.

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 - 10 YEARS OF IMPRISONMENT AND A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003) FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## MAIL APPLICATION INSTRUCTIONS

**FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM MAY RESULT IN THE DELAY OF PROCESSING TIME AND/OR DENIAL OF APPLICATION.**

**Mail In Order:** Processed and mailed 5-15 days after receipt of the request. Mail to: City of Laredo Vital Statistics, P.O. Box 2337, Laredo, TX, 78040. Processing times are estimates and subject to change with an increased volume of customer applications. **Expedited orders can only be sent via FedEx or USPS Post Office, do not use UPS since this will incur an additional fee. A return prepaid envelope must be enclosed if you would like for us to return it in the same manner.**

Expedited Order via **FedEX** must be sent to City of Laredo Vital Statistics, 2600 Cedar Ave, Laredo, TX 78040.

Expedited Order via **United States Postal Service (USPS)** must be sent to City of Laredo Vital Statistics, P.O. Box 2337, Laredo, TX 78044.

Copies of birth certificates that occurred within the past 75 years can be requested only by the immediate family of the person whose name is on the birth certificate. See Section 181.1(13) of the Texas Administrative Code for who qualifies as an immediate family member. An immediate family member is the child, their guardian, their children, spouses, parents, siblings, or grandparents. Applicants who are not immediate family member must provide legal documentation (such as a court order establishing guardianship) that demonstrates a direct, tangible interest in the birth certificate.

Copies of death certificates that occurred within the past 25 years can be requested only by the immediate family of the person whose name is on the certificate. See Section 181.1(13) of the Texas Administrative Code for who qualifies as an immediate family member. An immediate family member is the decedent's child, spouse, parents, siblings, or grandparents. Applicants who are not immediate family members must provide legal documentation (such as an insurance policy listing the applicant as the beneficiary) that documents a direct, tangible interest in the death certificate.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Applications cannot be processed without a copy of a photo identification and the signature and date of the applicant on page 1.

**If a record is not on file, our office will issue a not found letter. Fees are not refundable or transferable.**

### Customer Checklist

- Complete Part I, II, III of the application. Please type or print clearly.
- Part III must be complete and notarized.
- Sign and date the application at the bottom of page 1.
- Make sure the application is original and not a photocopy and there are no cross-outs or white-out.
- Enclose a copy of current driver's license, passport, or state identification.
- Enclose a return prepaid envelope if you are not paying for certified mail fee option.
- Payment:
  - Enclose Credit Card Authorization with cardholders identification if different from applicant's.
  - Enclose Money Order payable to City of Laredo Vital Statistics.

For more information please contact us at (956) 795-4929, Monday - Friday 8:00am to 4:00pm.



City of Laredo Health Department  
Vital Statistics

**Credit Card Authorization Form**

**Do Not Use White-Out or Cross-Out**

Card Holder Information

Name on Card: \_\_\_\_\_  
**(Print name exactly as it appears on the credit card and include a copy of ID if different from applicant on page 1.)**

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Payment Authorization**

I hereby authorize the City of Laredo to charge the amount of \$ \_\_\_\_\_ for the purchase of the certificates requested on Page 1.

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date

**(For OFFICE USE ONLY)** DM: \_\_\_\_\_ Date: \_\_\_\_\_

**For security purposes, once transaction is processed this portion will be shredded.**

Credit Card Type:  MasterCard  Visa  
(American Express and Discover are not accepted since this will incur an additional fee.)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_  
(3 digits listed on the back of card)

**Incomplete credit card authorization form will not be processed for payment.**