



CITY OF LAREDO HEALTH DEPARTMENT OFFICE OF  
VITAL STATISTICS

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

City of Laredo Health Department



Public Health  
Prevent. Promote. Protect.

**A VALID STATE ID OR DRIVERS LICENSE is REQUIRED**

Full Name of  
Person on Record: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

Date of  
Birth or Death: \_\_\_\_\_ Gender/Sex: Male ☐ Female ☐  
Month Day Year

Place of  
Birth or Death: \_\_\_\_\_ TEXAS  
City or Town County State

Full Name  
of Parent 1: \_\_\_\_\_  
First Name Middle Name Last Name / Maiden Last Name Suffix

Full Name  
of Parent 2: \_\_\_\_\_  
First Name Middle Name Last Name / Maiden Last Name Suffix

Applicant's Name: \_\_\_\_\_  
First Name Middle Name Last Name, Suffix

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address City State Zip

Relationship to person on record: \_\_\_\_\_

Purpose for obtaining this record: \_\_\_\_\_

BIRTH Certificates	FEE	QTY	CONTROL NUMBERS (Office Use Only)
Long Form	\$23.00		
Basic Form	\$23.00		
Plastic Cover (8x11)	\$3.00		

DEATH Certificates	FEE	QTY	CONTROL NUMBERS (Office Use Only)
1 <sup>st</sup> Certificate	\$21.00		
Additional Certificates	\$4.00		

\_\_\_\_\_(Initial) WARNING: I am aware that the PENALTY for knowingly making a false statement in this form can result in 2 -10 years in prison and a fine of up to \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

\_\_\_\_\_(Initial) The search fee of \$23.00 is NOT REFUNDABLE OR TRANSFERABLE which is incurred for the search of any record. (HSC, Sec. 191.0045) (TAC, Sec. 181.22)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DM No: \_\_\_\_\_ Record Count: \_\_\_\_\_ ID Provided: \_\_\_\_\_

SFN: \_\_\_\_\_ LFN: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_\_  
Employee: \_\_\_\_\_ Date: \_\_\_\_\_

REV 11/2022