

City of Galena Park

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

DEATH

NUMBER OF COPIES NEEDED

_____ X \$22.00 = \$ _____



NUMBER OF COPIES NEEDED

1ST X \$20.00 = \$ _____

EXTRA COPIES: _____ @

\$3.00 PER COPY = \$ _____

TOTAL.....\$ _____

BIRTH OR DEATH RECORD APPLICATION (PLEASE PRINT)

1. NAME ON RECORD _____
2. DATE OF EVENT _____
3. PLACE OF EVENT _____
4. FATHER'S NAME _____
5. MOTHER'S MAIDEN NAME _____
6. SOCIAL SECURITY NUMBER OF DECEASED _____
7. BIRTH DATE _____ 8. BIRTH PLACE, ETC. _____
8. RELATIONSHIP TO PERSON NAMED IN ITEM 1. _____
9. PURPOSE FOR OBTAINING THIS RECORD _____

*****ADDITIONAL BIRTH RECORD INFORMATION & ***** FUNERAL DIRECTORS ONLY*******

10. APPLICANT'S NAME _____
11. TELEPHONE NUMBER () _____ BUSINESS: () _____
12. MAILING ADDRESS _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 178, SEC. 195.003)

SIGNATURE OF APPLICANT

DATE

IDENTIFICATION TYPE _____
TDL, ID CARD, FUNERAL DIR. NO, ETC.

NUMBER _____