CITY OF LAREDO HEALTH DEPARTMENT
OFFICE OF VITAL STATISTICS
Application for BIRTH or DEATH record

P.O. Box 2337 Laredo, TX 78044 (956)795-4929 www.vitalchek.com

LAREDO, TEXAS 1755

APP

PLEASE PRINT IN BLACK INK.

A VALID STATE ID OR DRIVERS LICENSE is REQUIRED to process your application.
The long form Birth Certificate is required for PASSPORT or IMMIGRATION purposes.

Full Name of Person on Record: _____
First Name Middle Name Last Name

Date of BIRTH or DEATH: _____ Gender/Sex: _____Male _____Female_____
Month Day Year

Place of Birth or Death: **Laredo** **Webb** **Texas**
City or Town County State

Full Name of Father: _____
First Name Middle Name Last Name

Full Maiden Name of Mother: _____
First Name Middle Name Maiden Last Name

Applicants Name: _____
First Name Middle Name Last Name

Mailing Address: _____ Telephone # (_____) _____
Street Address City State Zip (Mon-Fri 8:00-5:00)

Relationship to Person on Record: Self Mom/Dad Grandparent Brother/Sister Other w/Notarized Letter_____

Purpose for Obtaining Record: Passport/Card Immigration/Welfare Lost/Stolen School Other:_____

BIRTH Certificates	Cost per Certificate	Certified Mail Fee	Number of Certificates	CONTROL NUMBERS (This column for Office Use Only)
Long Form	$23.00	**$6.10** (**Required**) **Money Order Only**		
Abstract (5x7)	$23.00	**$6.10** (**Required**) **Money Order Only**		

DEATH Certificates	Cost per Certificate	Certified Mail Fee	Number of Certificates	CONTROL NUMBERS (This column for Office Use Only)
1st Certificate Additional Certificates	$20.00 $3.00	**$6.10** (**Required**) **Money Order Only**		

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) I further understand that for any search of the files where a record is not found, **the search fee is NEITHER REFUNDABLE NOR TRANSFERABLE.**

Applicant's Signature _____ Date of Application_____

FOR OFFICE USE ONLY:

DM No: | | | | | | | | | | Copies Issued: _____ File No: _____ Page No. _____ Vol No: _____

State File No: _____ Year: _____ Notes: _____

_____ Processed by: _____ Date: _____

Revised January 2010