

OFFICE HOURS:
MONDAY-FRIDAY, 8:00AM - 4PM
APPLICATIONS NOT ACCEPTED
AFTER 4:00PM

CITY OF PASADENA
HEALTH DEPARTMENT
VITAL STATISTICS
1149 ELLSWORTH
P.O. BOX 672
PASADENA, TEXAS 77501
(713) 475-5593

PASADENA BIRTH AND
DEATH RECORDS ONLY.
AFTER NOVEMBER, 1953

APPLICATIONS FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

REQUESTED

___ CERTIFIED COPIES x \$23.00= ___

___ SHEET PROTECTOR x \$2.00= ___

TOTAL= ___

DEATH

REQUESTED

___ CERTIFIED COPY x \$21.00= ___

___ EXTRA COPIES x \$4.00 = ___

TOTAL = ___

PLEASE PRINT

FILE NUMBER: _____

1. NAME ON RECORD: _____

First Middle Last

2. DATE OF EVENT: _____

Month Day Year

3. PLACE OF EVENT: _____

Hospital or City

4. FATHERS NAME: _____

First Middle Last

5. MOTHER'S MAIDEN NAME: _____

First Middle Last

6. APPLICANTS NAME: _____ 7. TELEPHONE #: _____

8. HOME ADDRESS: _____

Street Address City State Zip

9. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

10. PURPOSE FOR OBTAINING THIS RECORD: _____

11. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

SOCIAL SECURITY NUMBER OF DECEASED: _____

BIRTHDATE: _____ BIRTHPLACE: _____

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 OF TEXAS, CHAPTER 195, SEC. 195.003) ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-5), RELATIONSHIP (ITEM 9), AND PURPOSE (ITEM 10) BE PROVIDED IN ORDER TO ISSUE THE RECORD.

SIGNATURE OF APPLICANT

DATE

**IF SUBMITTING BY MAIL: SEND COPY OF CURRENT DRIVERS LICENSE OR APPROVED I.D.
PAYMENT BY CASHIERS CHECK OR MONEY ORDER ONLY. NO CHECKS ACCEPTED.**

For Mail-In Only NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.
STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ (Name)
now residing at _____ (Address) (City) (State)
who is related to the person named on Part I as _____ and who on oath deposes and (Relationship)
says that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City State and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: C

City of Pasadena
Health Department/Vital Statistics
P.O. Box 672
Pasadena, TX 77501

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)