

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.**