



**CITY OF BAYTOWN
IN OFFICE APPLICATION FOR
BIRTH AND DEATH RECORD**

Phone: 281-420-6504, Ext: 8139; Fax: 281-420-5891
www.baytown.org

OFFICE USE ONLY	
Certificate No.:	_____

By:	_____
<input type="checkbox"/> MD	<input type="checkbox"/> CA <input type="checkbox"/> CK <input type="checkbox"/> CC

INSTRUCTIONS

1. FILL OUT APPLICATION COMPLETELY

<input type="checkbox"/> Birth Certificates			
Type	Cost	# of Copies	Total
Long Form (Only Baytown)	\$23		
Short Form (Other TX Cities)	\$23		
Certificate Holder	\$ 2		
Total \$			
This application is for "In Office" processing only. For mail option, please use the "Mail In" application.			

<input type="checkbox"/> Death Certificates			
Type	Cost	# of Copies	Total
Certified Copy (1 st Copy)	\$21		
Additional Copies	\$ 4 ea.		
Certificate Holder	\$ 2		
Total # of Copies _____			
Total \$			
This application is for "In Office" processing only. For mail option, please use the "Mail In" application.			

RECORD INFORMATION

Box 1 Name on Record	First Name	Middle Name		Last Name
	Date of Birth or Death	Month	Day	Year
Place of Birth or Death	City or Town	County		State
	Texas			
Name of Parent 1/Mother	First Name	Middle Name		Maiden Name
	Name of Parent 2/Father	First Name	Middle Name	

APPLICANT INFORMATION

Applicant Name (First & Last Name)	Telephone #	Email Address		
Full Mailing Address	Street Address	City	State	Zip
Relationship to person listed in Box 1 : <input type="checkbox"/> Self <input type="checkbox"/> Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Specify _____		Purpose for obtaining this record such as: <input type="checkbox"/> Newborn <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Records <input type="checkbox"/> Travel <input type="checkbox"/> Passport <input type="checkbox"/> Other Specify _____		

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)

Your Signature _____

Date of Application _____

2. HAVE ALL ITEMS READY & RETURN APPLICATION, ID & PAYMENT TO WINDOW