

**PORT ARTHUR CITY HEALTH DEPARTMENT
BUREAU OF VITAL STATISTICS
449 AUSTIN AVENUE
PORT ARTHUR, TX 77640
(409) 983-8850**

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

REQUESTED _____
 CERTIFIED COPIES X \$22.00 = _____
 TOTAL ENCLOSED = _____

DEATH

REQUESTED _____
 CERTIFIED COPIES X \$20.00 = _____
 EXTRA COPIES X \$3.00 = _____
 TOTAL ENCLOSED = _____

ADD'L DEATH CERTIFICATE IDENTIFYING INFORMATION:

SOCIAL SECURITY NUMBER OF DECEASED: _____
 BIRTHDATE OF DECEASED: _____

PLEASE PRINT

RECORD INFORMATION

1. NAME ON RECORD: _____			
FIRST	MIDDLE	LAST	
2. DATE OF: ___ BIRTH ___ DEATH _____		3. SEX: ___ MALE ___ FEMALE	
MONTH	DAY	YEAR	
4. PLACE OF EVENT: _____			
CITY	COUNTY		
5. FATHER'S NAME: _____			
FIRST	MIDDLE	LAST	
6. MOTHER'S MAIDEN NAME: _____			
FIRST	MIDDLE	LAST	

APPLICANT INFORMATION

7. APPLICANT'S NAME: _____		8. TELEPHONE: _____	
9. MAILING ADDRESS: _____			
STREET OR P.O. BOX	CITY	STATE	ZIP
10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____			
11. PURPOSE FOR OBTAINING THIS RECORD: _____			
SIGNATURE OF APPLICANT		DATE	
IDENTIFICATION NUMBER: _____		(ATTACH PHOTOCOPY)	
CIRCLE ONE: DRIVER'S LICENSE / I.D. CARD / SOC SEC			

IMPORTANT NOTICES

**FOR SERVICE BY MAIL: SUBMIT CHECK OR MONEY ORDER PAYABLE TO: CITY OF PORT ARTHUR
AND MAIL TO THE ADDRESS SHOWN ABOVE**

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS
IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 678, SEC. 195.003)**