



City of Galena Park

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

PLEASE PRINT CLEARLY

INCLUDE A COPY OF YOUR VALID ID

APPLICANT'S INFORMATION

Your Name (First, Middle, Last Name):

Street Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Your Relation to Person named on Certificate:

Reason for Request:

INFORMATION OF PERSON FOR RECORD REQUESTED

NAME ON RECORD

First Name:

Middle Name:

Last Name:

DATE OF BIRTH

Month

Day

Year

DATE OF DEATH

Month

Day

Year

SEX:

SOCIAL SECURITY NUMBER:

PLACE OF BIRTH

City:

County:

State:

NAME OF FATHER

First Name:

Middle Name:

Last Name:

NAME OF MOTHER

First Name:

Middle Name:

Maiden Last Name:

BIRTH CERTIFICATE

Copies

\$23.00 each

TOTAL:

DEATH CERTIFICATE

1ST COPY

\$21.00

\$21.00

EXTRA COPIES

\$4.00 each

TOTAL:

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

SIGNATURE OF APPLICANT

DATE