



GALVESTON COUNTY HEALTH DISTRICT
 4700 BROADWAY, SUITE C-100
 GALVESTON, TEXAS 77551
 (409) 765-2520 or (409) 765-2517
 On-line www.gchd.org

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Plastic Pouches	<input type="checkbox"/> Death Certificate
\$23.00 _____ Certified Full Copy	\$2.00 _____ 8x11 Plastic	\$21.00 _____ 1 st Certified Copy
\$23.00 _____ Wallet Size	\$1.00 _____ Wallet Plastic	\$4.00 _____ Additional Copies
\$23.00 _____ Out-of-County	\$1.50 _____ 5x7 Plastic	

(1) Full Name on Record: _____

(2) Date of Birth/Death: _____ (3) Sex: Female or Male

(4) City/County of Birth/Death: _____

(5) Father's Full Name: _____

(6) Mother's Full Maiden Name: _____

(7) Applicant's Name: _____ (8) Telephone: (_____) _____ - _____

(9) Address: _____ (10) City/State/Zip: _____

(11) Relationship to Person on Line 1: (please circle one of the following)

Self Mother Father Sister Brother Grandmother Grandfather

Other: (specify) _____

(12) Purpose for obtaining this record: _____

Fees are subject to change without notice (call 409 765-2595 for fee verification). **Any search of the files where a record is not found, the search fee is not refundable or transferable.** Birth records are confidential for 75 years and death for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record. _____ **Initials**

Signature

Date

Identification Type

ATTACH A PHOTOCOPY OF DRIVER LICENSE, STATE I.D. OR 3 DIFFERENT DOCUMENTS WITH YOUR NAME TO THE APPLICATION.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SECTION 195.003)

FOR OFFICE USE ONLY

CLERK _____ REC'D _____

PAPER NUMBER