

GALVESTON COUNTY HEALTH DISTRICT
 9850-A Emmett F. Lowry Expwy., Suite A102
 Texas City, Texas 77591
 (409) 765-2517 (409) 763-7202
www.gchd.org



MAIL REQUEST (ENVIE POR CORREO)
 GCHD – VITALS
 P.O. BOX 939
 LA MARQUE, TEXAS 77568

**Application for Certified Copy of Birth/ Death Certificate
 (Aplicacion para copia certificada de acta de Nacimiento/Fallecimiento)**

<input type="checkbox"/> Birth Certificate (Nacimiento)	<input type="checkbox"/> Plastic Pouches (Plasticos)	<input type="checkbox"/> Death Certificate (Fallecimiento)
\$23.00 ___ Certified Full Copy (Copia Certificada)	\$2.00 ___ 8x11 Plastic (Plastico)	\$21.00 ___ 1 st Certified Copy (Copia Certificada)
\$23.00 ___ Out-of-County (De otro Condado)	\$1.50 ___ 5x7 Plastic (Plastico)	\$4.00 ___ Additional Copies (Copias Adicionales)

PART I.

1. Full name of person on the record (Nombre completo de la persona en el registro):	
2. Date of Birth or Death (Fecha de Nacimiento o fallecimiento):	3. Sex (Sexo): Female (Femenino) Male (Masculino)
4. Place of Birth (Lugar de Nacimiento) or(o) Death (Lugar de Fallecimiento): City (Ciudad): _____ County (Condado): _____ State (Estado): TEXAS	
5. Full name of Parent 1 (Nombre del padre o madre soltera):	6. Full name of Parent 2 (Nombre del padre o madre soltera):
7. Name of applicant (Nombre del aplicante):	8. Phone number (Numero de telefono):
9. Mailing Address (Direccion de domicilio):	
10. Relationship to person on record (Parentesco a la persona en el registro):	
11. Purpose for obtaining this record (La razon por que necesita el registro):	

<p>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 10), and purpose (item 11) must be provided in order to issue the record. 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) _____ Initials</p>	<p>Nos reservamos el derecho de cambiar los precios sin previa notificacion (llame al 409-765-2595 para verificacion). No reembolso por actas no obtenidas. Las actas de nacimiento son confidenciales hasta 75 anos, actas de defuncion hasta 25 anos. Por esa razon la edicion es restringida reglas administrativas requieren para registros restringidos. Toda la informacion de indentificacion (lineas 1-6), relacion (linea 10), proposito (linea 11) en oeden para obtener registro. Precaucion: Es castigado, al dar informacion falsa en esta aplicacion, pudiendo ser de 2 a 10 anos en prison y una multa hasta \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SECTION 195.003) _____ Iniciales</p>
---	---

Signature (Firma) _____ Date (Fecha) _____ Identification Type (Tipo de Identificacion) _____

PART II.

**Notarized Affidavit of Personal Knowledge
 Declaracion Notaizada De Conocimiento Personal**

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
 now residing at _____ who is related to the person named in part 1 as
 _____ and who on oath deposes and says that the contents of this affidavit are true and correct. The applicant
 presented the following type and number of identification: _____.

Applicant signature _____
 Sworn to and subscribed before me, this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public: _____
 Typed or Printed Name: _____
 Commission Expires: _____
 Street Address: _____
 City, State, Zip: _____

**APPLICATIONS WITHOUT PHOTO ID, THE SWORN STATEMENT, OR PAYMENT WILL NOT BE PROCESSED
 SOLICITUD SIN PAGO, FOTOCOPIA DE SU IDENTIFICACION Y DECLARACION NO SERAN PROCESADOS**