



CITY OF NEDERLAND VITAL STATISTICS

P.O. Box 967
Nederland, TX 77627
409-723-1503

APPLICATION FOR
BIRTH OR DEATH RECORD

BIRTH:
Requested
Certified Copies x \$23.00 =

DEATH:
Requested
Certified Copies x \$21.00 =
Extra Copies x \$4.00 =

PLEASE PRINT

Table with 4 columns: Name (First, Middle, Maiden Name/Last Name), Date of Birth (Month, Day, Year), Sex (Male, Female), Place of Birth (City or Town, County, State), Full Name of Father (First, Middle, Last), Full Maiden Name of Mother (First, Middle, Maiden Name).

7. Applicant's Name: Telephone #:
Email Address:

9. Mailing Address: Street Address City State Zip

10. Relationship to person name in Item 1:

11. Purpose for obtaining record:

12. Will this record be used to obtain a passport, for immigration or for the Indian registry? Yes No

13. Death Certificate additional information: Birthdate: Birth Place:

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

SIGNATURE OF APPLICANT: DATE:

Mail this application, payment, and a photocopy of your valid photo ID to:
City of Nederland
Vital Statistics Department
P.O Box 967
Nederland, TX 77627

APPLICATIONS WITHOUT A PHOTO ID WILL NOT BE PROCESSED.