



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

1. Full Name of Person on Record	First	Middle	Maiden Name/Last Name
2. Date of Birth or Death	Month	Day Year	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First	Middle	Last
6. Full Maiden Name of Mother	First	Middle	Maiden Name

7. Applicant's Name: _____ 8. 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.

**CITY OF NEDERLAND
VITAL STATISTICS DEPARTMENT
NOTARIZED PROOF OF IDENTIFICATION**

PART 1. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE:

Full Name of Person on Record: _____

Date of birth/death: _____

Place of Birth/Death (City or County): _____

Sex: _____

Full Name of Parent 1: _____

Full Name of Parent 2: _____

PART 2. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

Name: _____

Relationship to Person on Record: _____

Type of ID Accepted when Notarized: _____

ID Number: _____

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART 3. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____
COUNTY OF _____

Before me on this day appeared _____ (name) now residing at _____ (address) who is related to the person named on Part 1 as _____ (relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____

SWORN TO AND SUBSCRIBED before me, this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public

Commission Expires

Typed/Printed Name

Street Address

City, State, and Zip Code

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

(APPLICATIONS MAILED WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)