OFFICE HOURS:
MONDAY-FRIDAY, 8:00AM – 4PM
APPLICATIONS NOT ACCEPTED AFTER 4:00PM

CITY OF PASADENA
HEALTH DEPARTMENT
VITAL STATISTICS
1149 ELLSWORTH
P.O. BOX 672
PASADENA, TEXAS 77501
(713) 475-5593

PASADENA BIRTH AND DEATH RECORDS ONLY. AFTER NOVEMBER, 1953

APPLICATIONS FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH ☐
REQUESTED
___ CERTIFIED COPIES x $23.00=_____
___ SHEET PROTECTOR x $2.00=_____
TOTAL=_____

DEATH ☐
REQUESTED
___CERTIFIED COPY x $21.00=_____
___EXTRA COPIES x $4.00 =_____
TOTAL =_____

PLEASE PRINT

FILE NUMBER: _____

1. NAME ON RECORD: _____
First Middle Last
2. DATE OF EVENT: _____
Month Day Year
3. PLACE OF EVENT: _____
Hospital or City
4. FATHERS NAME: _____
First Middle Last
5. MOTHER'S MAIDEN NAME: _____
First Middle Last
6. APPLICANTS NAME: _____ 7.TELEPHONE #:_____
8. HOME ADDRESS: _____
Street Address City State Zip
9. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____
10. PURPOSE FOR OBTAINING THIS RECORD: _____
11. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:
SOCIAL SECURITY NUMBER OF DECEASED: _____
BIRTHDATE: _____ BIRTHPLACE: _____

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 OF TEXAS, CHAPTER 195, SEC. 195.003) ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-5), RELATIONSHIP (ITEM 9), AND PURPOSE (ITEM 10) BE PROVIDED IN ORDER TO ISSUE THE RECORD.

_____ _____
SIGNATURE OF APPLICANT DATE

IF SUBMITTING BY MAIL: SEND COPY OF CURRENT DRIVERS LICENSE OR APPROVED I.D.
PAYMENT BY CASHIERS CHECK OR MONEY ORDER ONLY. NO CHECKS ACCEPTED.

rev 8.25