



OFFICE OF THE CITY SECRETARY
CITY OF BEEVILLE

400 N. Washington Street • Beeville, TX • 78102
Phone (361) 358-4641 x 3

OFFICE USE ONLY

Cert# _____ Remit: _____

DOCUMENT
CONTROL # _____

BY _____

--- MAIL-IN APPLICATION – MUST BE NOTARIZED ---

ORDERS MUST INCLUDE COPY OF VALID GOVERNMENT-ISSUED IDENTIFICATION

(Mail completed notarized application, copy of ID, proof of residence if different from photo identification and check, money order (payable to City of Beeville), or credit card form for the exact amount to the address listed above)

1. Type of Document	Cost	# of Copies	Total
Certified Copy of Birth Certificate	\$23.00		
Additional Copies of Certified Birth Certificates	\$23.00		
Certified Copy of Death Certificate	\$21.00		
Additional Copies of Certified Death Certificates	\$4.00		
Standard USPS Shipping Rates	\$0.00	--	--
USPS Express Mail – Return Delivery Rate (Not Required for Delivery of Certificate)	\$30.45	--	
Total			

2. Person on the Birth or Death Certificate

Full Name of Person	First	Middle	Last
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent #1	First	Middle	Last (Prior to Marriage)
Full Name of Parent #2	First	Middle	Last (Prior to Marriage)

3. Person Applying for Certificate

Full Name:	Relationship to Person on Record:
Current Full Address:	
Phone Number:	Email:
Reason for Purchase of Certificate:	
Signature:	Date:

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED

4. COMPLETE THE FOLLOWING BY NOTARY PUBLIC

STATE OF _____, COUNTY OF _____. Before me on this date appeared the above-named applicant in Section 3 who on oath deposes and says the contents of this document are true and correct. The applicant presented the following type and number of identification: _____
Sworn to and subscribed before me, this _____ day of _____, _____.

Signature of Notary Public and Notary ID Number: _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

(SEAL)

City, State, Zip: _____

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 IN PRISON AND A FINE OF UP TO \$10,000 (HEALTH & SAFETY CODE, CHAPTER 195, SEC 195.003).

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