

**COUNTY CLERK - VITAL STATISTICS  
APPLICATION FOR CERTIFIED COPY OF  
BIRTH OR DEATH CERTIFICATE**

<b>BIRTH</b>
# requested: _____ X
\$23.00 each = _____
\$ _____
<b>TOTAL PAID = \$ _____</b>

<b>DEATH</b>
First Copy = \$ 21.00
+\$4 each add'l = \$ _____
<b>TOTAL PAID = \$ _____</b>

**PLEASE PRINT**

<b>1. Full Name of Person on Record</b>	First Name	Middle Name	Maiden Name/Last Name
<b>2. Date of Birth OR Death</b>	Month	Day	Year
<b>3. Place of Birth OR Death</b>	City or Town	County	State
<b>4. Full Name of Parent 1 Full</b>	First Name	Middle Name	Maiden Name/Last Name
<b>5. Name of Parent 2</b>	First Name	Middle Name	Maiden Name/Last Name

<b>Additional Identifying information for <u>DEATH</u> certificate:</b>	
Social Security # of Deceased: _____	Birth Date: _____
Birth Place _____	

**Requestor Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Full Mailing Address:** \_\_\_\_\_  
Street Address
City
State
Zip

**Relationship to person listed above:** \_\_\_\_\_

**Purpose for obtaining this record:** \_\_\_\_\_

**I authorize mailing to the address below. I have verified that the address below will receive my order.**

**Name of Person Receiving the copies, if different from requestor:** \_\_\_\_\_

**Mailing address for copies, if different from requestor:** \_\_\_\_\_

**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 & SAFETY CODE CHAPTER 195, SEC. 195.003)**

**CLERK'S NOTE:** Short-form Birth Certificates may not be acceptable for submission for PASSPORTS due to not containing the "i" when printed; therefore it is recommended that you obtain a long form from the County/City where you were born.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Identification Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

Texas Administrative Code Rule §181.22 FEES CHARGED FOR VITAL RECORDS SERVICES - If record is not found, the County Clerk's office will retain the \$23.00 as a search fee. We will only conduct one search for the record and if not found, you will need to visit the Department of State Health Services in Austin, Texas. This includes Short-Form Birth Certificates (Abstract) not containing the "i" when printed. **No refunds are issued for birth or death record not found. The search fee is non-refundable or transferable.**

INITIALS OF CUSTOMER ACKNOWLEDGING ABOVE STATEMENT REGARDING FEE(S) COLLECTED: \_\_\_\_\_

PART I. 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 II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

PART III. 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) (city) (state)
who is related to the person named on Part I as _____ and who on oath deposes and (Relationship)
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 or Printed Name
Street Address
City, State and 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 IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003) MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

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