



County Clerk Office
 ^Hamilton County, Texas
 www.co.Hamilton.tx.org

Birth Certificate

Application for Certified Copy
 Birth or Death Certificate
 or 3% convenience fee applies for card payments).

Short Form (Abstract) Available for all Texas births	\$23 each
Long Form	\$23 each

Death Certificate	
Death Certificate	\$21 1 st copy ¹
Additional Copies are \$4 Of Death Certificate	\$4 each

Cash, Money Order, or Debit/Cn (S3.00 minimum)
 Please have a photocopy of Photo ID. -----

BIRTH/DEATH RECORD INFORMATION *Información de certificado*

Name on Record: (Nombre)	First name/Primer nombre		Middle/Segundo nombre	Last Name/Apellido			
® Date of Birth. (Fecha nacimiento)	Month/Mes	Day/Dia	Year/Año	® Date of Death' (Desfuncion)	Month/Mes	Day/Dia	Year/Año
	City / Ciudad de nacimiento		County/Condado de nacimiento		TEXAS ONLY State/Estado de nacimiento		

® Parent 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father (1 Madre <input type="checkbox"/> Padre)	First/Primer nombre		Middle/Segundo nombre	Maiden or Last Name/Apehdo Anterior
	First/Pnmer nombre		Middle/Segundo nombre	Maiden or Last Name/Apellido

YOUR INFORMATION <i>Información de solicitante</i>				1 Purpose for request f] Passport f 1 Records] School			
Relation to ®:	<input type="checkbox"/> Self <input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Sibling	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Legal Guaidian <input type="checkbox"/> Giandpaient	<input type="checkbox"/> Driver License <input type="checkbox"/> Social Security	<input type="checkbox"/> Housing <input type="checkbox"/> Insurance	<input type="checkbox"/> Travel <input type="checkbox"/> Other. <input type="checkbox"/> Veteran
Your Name. (Nombre)	First/Pnmer nombre de sohcitante		Middle/Segundo nombre	Last Name/Apellhdo			
Home address: (Domicilio)	# Street/Calle		Apt #	City/Ciudad	State/Estado	Zip Code/Codigo	
Phone # (Telefono)	()		E-mail: (Tor Receipt)				
<input type="checkbox"/> SAME AS ABOVE Mailing address' (Residencia de domicilio es diferente)	First/Pnmer nombre de solicitante		Middle/Seaundo nombre	Last Name/Apellido			
	F Street/Calle	Ape d	City/Ciudad	State/Estado	Zip Code/Codigo		

(Must sign to process)Date

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 UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

Other:	State of Issue	
Clerk	Amount	<input type="checkbox"/> Documents Verified
Year	Book	Page
Receipt		Security

Form revised 07/20/2016 DCCY.V

Would you like a receipt emailed? Yes No Would you like a paper receipt? YesNo

Office Use Onl

Applicant Information

ID/Priver's License ID #
 Passport Expire Dale