



Office of Kiesha Bagwell County Clerk

Hamilton County, Texas

www.hamiltoncountytexas.org

Application for Certified Copy Birth or Death Certificate

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

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

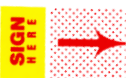
Cash, Money Order, or Debit/Credit Accepted (\$3.00 minimum or 3% convenience fee applies for card payments). ~~~Please have a photocopy of Photo ID.~~~

BIRTH/DEATH RECORD INFORMATION (Information de certificado)

① Name on Record: (Nombre)									
	First name/Primer nombre			Middle/Segundo nombre			Last Name/Appellido		
② Date of Birth: (Fecha nacimiento)	Month/Mes	Day/Día	Year/Año	③ Date of Death: (Desfuncion)	Month/Mes	Day/Día	Year/Año		
④ Place of Birth/Death: (Lugar nacimiento)	City / Ciudad de nacimiento			County/Condado de nacimiento			TEXAS ONLY		
	State/Estado de nacimiento								
⑤ Parent 1: [] Mother [] Father [] Madre [] Padre									
	First/Primer nombre			Middle/Segundo nombre			Maiden or Last Name/Apellido Anterior		
⑥ Parent 2: [] Mother [] Father [] Madre [] Padre									
	First/Primer nombre			Middle/Segundo nombre			Maiden or Last Name/Apellido		

YOUR INFORMATION (Information de solicitante)

Relation to ①:	<input type="checkbox"/> Self	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Driver License	<input type="checkbox"/> Housing	<input type="checkbox"/> Records	<input type="checkbox"/> School	
	<input type="checkbox"/> Mother	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Social Security	<input type="checkbox"/> Insurance	<input type="checkbox"/> Travel	<input type="checkbox"/> Veteran	
Purpose for request:									
Other: <input type="checkbox"/> Passport <input type="checkbox"/> Other: <input type="checkbox"/>									
Your Name: (Nombre)									
	First/Primer nombre de solicitante			Middle/Segundo nombre			Last Name/Appellido		
Home address: (Domicilio)									
	# Street/Calle			Apt #			City/Ciudad		
State/Estado			Zip Code/Codigo						
Phone #: (Telefono)	() -			E-mail: (For Receipt)					
[] SAME AS ABOVE									
Mailing address: (Residencia de domicilio es diferente)									
	First/Primer nombre de solicitante			Middle/Segundo nombre			Last Name/Appellido		
# Street/Calle			Apt #			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)

Would you like a receipt emailed? Yes [] No []
Would you like a paper receipt? Yes [] No []

Office Use Only

Applicant Information

<input type="checkbox"/> ID/Driver's License	ID #		
<input type="checkbox"/> Passport	Expire Date		
Other:		State of Issue	
Clerk	Amount	[] Documents Verified	
Year	Book	Page	
Receipt		Security	