



Office of Rachel Geeslin, 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: (defunción)		Year/Año
					Month/Mes	Day/Día	
4. Place of Birth/Death: (Lugar nacimiento)				City/ Ciudad de nacimiento		County/Condado de nacimiento	
				TEXAS ONLY			
				State/Estado de nacimiento			
5. Parent 1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Madre <input type="checkbox"/> Padre		First/Primer nombre		Middle/Segundo nombre		Maiden or Last Name/Apellido Anterior	
6. Parent 2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Madre <input type="checkbox"/> Padre		First/Primer nombre		Middle/Segundo nombre		Maiden or Last Name/Apellido	

Your Information (Informacion del Solicitante)

Purpose for request
 Records School
 Housing Travel Veteran
 Insurance Social Security
 Other:

Relation to (I):	<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"/> Travel	<input type="checkbox"/> Veteran
	<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	Other:	
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:					
<input type="checkbox"/> 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

revised 09/08/2023 DCCYW
SIGNATURE

(Must sign to process)(Firma) _____ Date/Fecha _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PNALTY 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)