



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

Death Certificate			
	Death Certificate		\$21 1 <sup>st</sup> 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/Dia	Year/Año	③ Date of Death: (Desfuncion)	Month/Mes	Day/Dia	Year/Año		
④ Place of Birth/Death: (Lugar nacimiento)							<b>TEXAS ONLY</b>		
	City / Ciudad de nacimiento			County/Condado de nacimiento			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)**

				Purpose for request:			<input type="checkbox"/> Passport	<input type="checkbox"/> Records	<input type="checkbox"/> School
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"/> 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
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

**SIGN HERE**

(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	<input type="checkbox"/> Documents Verified		
Year	Book	Page		
Receipt		Security		

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

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

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>
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 _____ (Relationship) and who on oath deposes and 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:  
 Texas Vital Records  
 Department of State Health Services  
 P.O. Box 12040  
 Austin, TX 78711-2040

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