

APPLICATION FOR BIRTH OR DEATH CERTIFICATE

Birth Certificate

_____ No. of Certified Copies Requested
 @\$23.00 each = _____

Death Certificate

_____ No. of Certified Copies Requested
 @\$21.00 for First Copy and \$4.00 additional
 copies of same record/same request

1. Full Name of Person on Record:	First Name	Middle Name	Last name	
2. Date of Birth or Death:	MM/DD/YYYY	3. Sex:	Male or Female	
4. Place of Birth or Death:	City or Town	County	State	
5. Full Name of Father:	First Name	Middle Name	Last Name	
6. Full Maiden Name of Mother:	First Name	Middle Name	Last Name (Maiden)	
7. Applicant's Name (Give YOUR Full Name):	First Name	Middle name	Last Name	
8. Applicant's Telephone Number:	Home phone	Cell phone		
9. Mailing Address:	Street Address	City	State	Zip code
10. Relationship to Person Named in Item No. 1:				
11. Purpose for Obtaining this Record:				
12. Additional Identifying Information for Death Certificate:	Decedent's SSN	Decedent's Birth Date	Decedent's Birth Place	

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)

_____ Date of Application

_____ Applicant's Signature

If requesting by mail or Fax, Applicant must attach copy of Driver's License or State Issued Identification.

Office Use Only

Certificate No. : _____

Document Control No.: _____

Form of I.D. : _____

Number on D.L. or I.D.: _____

Receipt No. : _____

Processed by: _____