

**Fees are subject to change without notice (call 903/645-3911 for verification)**

Birth Records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Please attach a photocopy of ID to application. Administrative rules require that on restricted records all identifying information (items 1-5), relationship (item 6) and purpose (item 9) be provided in order to issue the record. 9/01/2003

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**

**BIRTH**

# of copies requested

\_\_\_\_\_ certified copy x \$23.00 = \$ \_\_\_\_\_

TOTAL ENCLOSED = \$ \_\_\_\_\_

**DEATH**

# of copies requested

\_\_\_\_\_ certified copy x \$21.00 = \$ \_\_\_\_\_

\_\_\_\_\_ extra copy of same record  
x \$ 4.00 = \$ \_\_\_\_\_

TOTAL ENCLOSED = \$ \_\_\_\_\_

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services. SB1836 Effective 1/1/2014.

**IN ORDER TO GET THIS CERTIFICATE, YOU MUST BE:** the Registrant; a member of his or her immediate family either by blood or marriage, including grandparents, a step-parent, step-sibling, etc.; his or her guardian; his or her legal representative or agent with a picture ID.

1. Full name on Birth/Death Certificate: \_\_\_\_\_
2. Date on Birth/Death Certificate: \_\_\_\_\_
3. Sex: \_\_\_\_\_
4. Fathers Full Name if on Birth/Death Certificate: \_\_\_\_\_
5. Mothers Full Name (Maiden Name): \_\_\_\_\_
6. How are you related to the person on Birth/Death Certificate: \_\_\_\_\_

**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 AND SAFETY CODE, CHAPTER 195, SEC 195.003)**

7. Print your name: \_\_\_\_\_
8. Your Signature: \_\_\_\_\_
9. The reason for this copy: \_\_\_\_\_ Phone # \_\_\_\_\_
10. Address: \_\_\_\_\_
11. City/Zip \_\_\_\_\_

**\*\*PLEASE PRESENT YOUR VALID DRIVERS LICENSE OR IDENTIFICATION CARD\*\***

**\*\* For Personnel Use Only\*\***

Identification # \_\_\_\_\_

Birth/Death Record # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Deputy: \_\_\_\_\_