

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS; THEREFORE, ISSUANCE IS RESTRICTED. 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. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

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; HIS OR HER GUARDIAN; HIS OR HER LEGAL REPRESENTATIVE OR AGENT WITH A PICTURE ID.

BIRTH CERTIFICATE (\$23.00 EACH)

DEATH CERTIFICATE (\$21.00 FIRST COPY)

MAIL REQUEST - MONEY ORDER ONLY

OF COPIES REQUESTED: _____

COPIES OF SAME RECORD - \$4.00 EACH

SIZE: STANDARD WALLET

OF COPIES REQUESTED: _____

1. FULL NAME ON BIRTH/DEATH CERTIFICATE: _____

2. DATE OF BIRTH/DEATH: _____ MALE FEMALE

3. COUNTY OF BIRTH: ANGELINA / OTHER: _____

4. FULL NAME OF FATHER: _____

5. FULL MAIDEN NAME OF MOTHER: _____

6. HOW ARE YOU RELATED TO THE PERSON ON LINE #1: SELF / OTHER: _____

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: _____

10. ADDRESS: _____ CITY/ST/ZIP: _____

PLEASE PRESENT YOUR VALID DRIVERS LICENSE OR IDENTIFICATION CARD

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** FOR PERSONNEL USE ONLY **

IDENTIFICATION #: _____

BIRTH/DEATH RECORD #: _____

PHONE #: (_____) _____