

APPLICATION FOR CERTIFICATION OF BIRTH

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Application Fee is non-refundable and due at time of application.

<u>INSTRUCTIONS</u>		<u>COPIES REQUESTED</u>	
THE FEE FOR EACH CERTIFICATION MUST BE SUBMITTED WITH THIS APPLICATION AND A COPY OF YOUR VALID DRIVERS LICENSE PLEASE TYPE OR PRINT LEGIBLE.		CERTIFICATE OF BIRTH \$23.00 EACH HOW MANY _____ AMOUNT ENCLOSED \$ _____	
SHORT FORM BIRTH CERTIFICATE MAY NOT BE USED TO OBTAIN A PASSPORT			
PLEASE INCLUDE I.D. INFORMATION D.L. NUMBER _____ STATE ISSUED _____		CASH, CREDIT or DEBIT CARDS OR MONEY ORDER ONLY – NO CHECKS	
INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED			
1. NAME AT BIRTH	FIRST	MIDDLE	LAST
2. DATE OF BIRTH	MONTH	DAY / YEAR	3. SEX
4. PLACE OF BIRTH	CITY OR TOWN	COUNTY	STATE
5. 1st PARENT'S FULL NAME (Inc. Maiden)	FIRST	MIDDLE	MAIDEN/LAST NAME
6. 2nd PARENT'S FULL NAME (Inc. Maiden)	FIRST	MIDDLE	MAIDEN/LAST NAME
PERSON REQUESTING CERTIFICATION OF BIRTH			
7. PURPOSE OF WHICH CERTIFICATION OF BIRTH IS TO BE USED (SCHOOL, EMPLOYMENT, MILITARY, PASSPORT, ETC.)			
8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, MOTHER, ATTORNEY, ETC.)			
9. PRINTED NAME OF APPLICANT			
10. ADDRESS OF APPLICANT		STREET ADDRESS	
CITY	STATE	ZIP	
11. SIGNATURE OF APPLICANT		12. PHONE NUMBER	13. DATE SIGNED
IF YOU WANT THE CERTIFICATION OF BIRTH MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION		PLEASE COMPLETE THIS FORM AND RETURN WITH FEE AND COPY OF APPLICANTS DRIVERS LICENSE TO THE ADDRESS ABOVE.	
NAME		DO NOT WRITE IN THIS SPACE CLERK _____ LICENSE # _____	
STREET ADDRESS			
CITY OR TOWN	STATE ZIP		
WARNING: The penalty for knowingly making a false statement in this form can be 2 10 years in prison and a fine up to \$5,000. (Article 4477c, Revised Civil Statutes of Texas)			