

**APPLICATION FOR CERTIFIED COPY  
OF A BIRTH/DEATH CERTIFICATE**

Birth Certificates: 23.00 per copy  
Death Certificates: 21.00 first copy; 4.00 each additional copy, per visit

**PLEASE FILL OUT BOTH SECTIONS**

**SECTION 1: BIRTH/DEATH CERTIFICATE INFORMATION**

Name:	
Date of Birth/Death:	Sex:
Place of Birth/Death (City, County):	
Father's Name:	
Mother's Maiden Name:	

**SECTION 2: APPLICANT'S INFORMATION**

Applicant's Name:
Telephone Number:
Mailing Address:
City/State/Zip:
Relationship to person in Section 1: Please circle relationship listed below Self Mother Father Brother Sister Grandparent Other _____
Reason Needed: Please circle one of the reasons listed below Personal Travel School Sports Other: _____
Signature of Applicant:
Date:

**WARNING: PROVIDING FALSE  
INFORMATION ON THIS  
APPLICATION IS A VIOLATION OF  
LAW AND MAY LEAD TO A FINE OF  
\$5,000.00 AND/OR 2-10 YEARS  
IN PRISON. (ARTICLE 4477C  
REVISED CIVIL STATUTES OF  
TEXAS)**