

APPLICATION FOR CERTIFIED COPY OF TEXAS BIRTH OR DEATH CERTIFICATE

<p>BIRTH <input type="checkbox"/></p> <p># REQUESTED _____</p> <p>_____ CERTIFIED COPIES X \$23.00 = _____</p> <p>TOTAL ENCLOSED = _____</p>

<p>DEATH <input type="checkbox"/></p> <p># REQUESTED _____</p> <p>_____ CERTIFIED COPY X \$21.00 = _____</p> <p>_____ ADDITIONAL COPIES OF SAME RECORD X \$4.00 = _____</p> <p>TOTAL ENCLOSED = _____</p>
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PLEASE PRINT
See Reverse Side for Instructions

1.	Full Name of Person on Record	First Name	Middle Name	Last Name
2.	Date of Birth or Death	Month	Day	Year
3.	Sex	4. Place of Birth or Death		State
		City or Town	County	
5.	Full Name of Father	First Name	Middle Name	Last Name
6.	Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. APPLICANT'S NAME: _____ 8. TELEPHONE #: (_____) _____
(MON-FRI 8:00 A.M. - 4:30 P.M.)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM NO. 1: _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE.

BIRTH DATE: _____ BIRTH PLACE, ETC. _____

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)

SIGNATURE OF APPLICANT

DATE

IDENTIFICATION TYPE
Drivers License, I.D. Card, etc.

NUMBER: _____
On Drivers License, I.D., Card, etc.

ATTACH PHOTOCOPY of a VALID STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD

Fees are subject to change without notice (call 713 / 755-6438 for fee 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 - 6), relationship (item 11), and purpose (item 12) be provided in order to issue the record.

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

Check the appropriate box for either a Texas Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL.** WE SUGGEST YOU SEND EITHER A CASHIER'S CHECK OR MONEY ORDER MADE PAYABLE TO: **HARRIS COUNTY CLERK**

Item 1. Name of Record:

State the FULL NAME of the person shown on the record being requested.

Item 2. Date of Event: (The date of the birth OR death.)

Give the exact date of the birth or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)

Item 3. Sex

Enter Male or Female.

Item 4. Place of Event:

State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)

Item 5. Father's Name:

Give the full name of the father of the person shown on the record.

Item 6. Mother's **Maiden** Name:

Give the FULL MAIDEN NAME of the mother of the person shown on the record.

Item 7. Applicant's Name:

Give YOUR full name

Item 8. Telephone Number:

Give us a telephone number with area code where you can be reached between the hours of 8:00 A.M. and 4:30 P.M. (Central Time) Monday through Friday.

Item 9. Mailing Address:

Give us a complete current mailing address.

Item 10. Relationship to person named on the record.

State how you are related to the person whose record you are requesting.

Item 11. Purpose for obtaining this record:

State the reason or purpose for which you are requesting this record.

Item 12. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**

This additional information assists our staff in positively identifying a record when exact dates, places and spellings of the name(s) are not known for a death certificate.

Birth date of the deceased

Birthplace of the deceased

Any other information that would be helpful in identifying the record of an individual

SIGN AND DATE THE APPLICATION. ENCLOSE A PHOTOCOPY OF YOUR ID WITH A PICTURE ON IT (PHOTOCOPY OF PICTURE ID). MAIL TO ADDRESS AT TOP OF APPLICATION FORM WITH THE CORRECT FEE(S).