



OFFICE OF TENESHIA HUDSPETH
COUNTY CLERK, HARRIS COUNTY TEXAS

P.O. Box 1525 • Houston, TX 77251 • 713-274-8686

www.cclerk.hctx.net

APPLICATION FOR A CERTIFIED COPY OF BIRTH OR DEATH RECORD
SOLICITUD DE UNA COPIA CERTIFICADA DEL REGISTRO DE NACIMIENTO O DEFUNCION

Requestor's Information/Informacion Del Solicitante Please Print Legibly Por Favor Imprime De Forma Legible

Form with fields: Your First Name, Your Middle Name, Your Last Name, Phone Number, Identification Type, Identification Number, Your Mailing Address (Street/Calle, City/Ciudad, State/Estado, Zip/Codigo Postal)

What is your relationship to the person on the birth/death record? (Check One)

Cual Es La Relacion Con La Persona En El Registro De Nacimiento/Muerte? (Comprueba Uno)

Self Yo Parent Padres Spouse Conyuge Sibling Hermano Grandparent Abuelo Other Otro: Must Specify debe especificar

What is the reason you are requesting this record? (Check One)

Cual Es La Razon Por La Que Solicita Este Registro? (Comprueba Uno)

Driver's License/ID Licencia De Conduccion School Escuela Passport Pasaporte Insurance Seguro
Newborn Recien Nacido Other Otro: Must Specify debe especificar

Birth Certificate Information # of copies requested: \$23 per copy (No personal checks)

Datos Del Certificado # De Las Copias Solicitadas: \$23 Por Copia (Sin cheques personales)

Form with fields: First Name, Middle Name, Last Name (Maiden Name), City of Birth, County of Birth, State of Birth, Date of Birth, Sex, Mother/Parent 1, Father/Parent 2

Death Certificate Information # of copies requested: \$21/first copy \$4/additional copy (No personal checks)

Informacion Sobre El Certificado De Defuncion # De Las Copias Solicitadas: \$21/Primera Copia \$4/Copia Adicional

Form with fields: First Name, Middle Name, Last Name at Time of Death, City of Death, Date of Death, Sex (Circle), Hospital Name/Facility Name/Complete Address of Place of Death, Mother/Parent 1, Father/Parent 2, Date of Birth, Place of Birth

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)

Requestor's Signature/Firma Del Solicitante: Date/Fecha:

OFFICE USE ONLY: Department, Circle, State, County, Death, Clerk Initials, File #, Certificate #, Total Due

**Instructions for Completing the Application for a Certified Copy of Birth or Death Record**

**Instrucciones para completar la solicitud de una copia certificada del registro de nacimiento o defunción**

1. Requestors information/ Información de los solicitantes
  - a. Give your current legal name and current contact information. The address used here will be the address we mail the record to.  
(Proporcione su nombre legal actual y su información de contacto actual. La dirección utilizada aquí será la dirección a la que enviamos el registro.)

2. Birth Certificate Information/ Información del certificado de nacimiento
  - a. Complete only if requesting a birth record
  - b. Indicate how many copies you are requesting
  - c. Give the complete information as is listed on the birth record.

(Complete solo si solicita un registro de nacimiento  
Indique cuántas copias solicita  
Proporcione la información completa que figura en el registro de nacimiento.)

3. Death Certificate Information/ Información del certificado de defunción
  - a. Complete only if requesting a death record
  - b. Indicate how many copies you are requesting
  - c. Give complete information as it is listed on the death record

(Complete solo si solicita un registro de defunción  
Indique cuántas copias solicita  
Proporcione la información completa que figura en el registro de defunción.)

4. Sign and date application/ Firme y fecha la solicitud

**APPLICATIONS THAT ARE INCOMPLETE, DO NOT INCLUDE PAYMENT OR SUBMITTED WITHOUT SUFFICIENT IDENTIFICATION WILL NOT BE PROCESSED**

Completed applications may be submitted to any of the Harris County Clerk's locations in person or mailed to the following address:

**Regular Mail:**

Harris County Clerk  
Attn: Personal Records  
P.O. Box 1525  
Houston, TX 77251

**Priority Mail/Common or Contract Carrier:**

Harris County Clerk  
Attn: Personal Records  
201 Caroline St., Suite 330  
Houston, TX 77002

**ALL MAIL APPLICATIONS MUST INCLUDE THE ATTACHED NOTARIZED PROOF OF IDENTIFICATION AND A COPY OF YOUR PHOTO IDENTIFICATION**

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	
<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>			
NAME AND RELATIONSHIP TO PERSON ON RECORD		TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED	

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named on Part I as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<i>(Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:  
Office of Teneshia Hudspeth  
County Clerk, Harris County, Texas  
P.O. Box 1525  
Houston, TX 77251-1525 713-755-6411**

**(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**