

APPLICATION FOR BIRTH OR DEATH RECORD

BIRTH _____
#Requested X \$23.00 _____

DEATH _____
#Requested X \$21.00 _____
Extra copies/same record X \$4.00 _____

1. Name of Person on Record _____
2. Date of Birth or Death _____
3. Sex _____
4. Place of Birth or Death _____
City _____ County _____
5. Full Name of Father _____
6. Full Maiden Name of Mother _____
7. Your Name _____ Telephone _____
8. Mailing Address _____
9. Relationship to Person on Record _____
10. Purpose for Obtaining this Record _____

WARNING: THE PENALTY FOR MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.00. (HEALTH & SAFETY CODE, CHAPTER 678; SECTION 195.003)

YOUR SIGNATURE _____ DATE _____ ID TYPE & NUMBER _____
BIRTH RECORDS ARE CONFIDENTIAL FOR SEVENTY-FIVE (75) YEARS AND DEATH RECORDS ARE CONFIDENTIAL FOR TWENTY-FIVE (25) YEARS; THEREFORE ISSUANCE IS RESTRICTED TO IMMEDIATE FAMILY MEMBERS.

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