

APPLICATION FOR BIRTH CERTIFICATE

PLEASE PRINT OR TYPE:

1. Full name of person on record \_\_\_\_\_  
First Middle Last

2. Date of birth \_\_\_\_\_  
Month Day Year

3. Place of birth \_\_\_\_\_  
City County State

4. Full name of father \_\_\_\_\_  
First Middle Last

5. Full maiden name of mother \_\_\_\_\_  
First Middle Last

6. Applicant's name: \_\_\_\_\_ Telephone \_\_\_\_\_

7. Mailing address: \_\_\_\_\_  
Street Address City State Zip Code

8. Relationship to person named in Item #1: \_\_\_\_\_

9. Purpose for obtaining this record: \_\_\_\_\_

**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: \_\_\_\_\_ Number \_\_\_\_\_

**Birth Certificate:** For each registrant record, please enclose \$23.00 fee for each copy requested.

**Note:** A copy of applicant's driver's license or ID card, etc., is required for identification purposes and must be attached. Items 1-6, 8 and 9 must be provided in order to issue the record.

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services.

Birth records are confidential for 75 years; therefore, issuance is restricted to immediate family, legal representative, personal representative or agent of the registrant.

Mail to and make remittance payable to: Candy Wheeler, County Clerk, PO Box 823, Bandera, Texas 78003

**NOTE:** Abstracted birth certificates for Individuals born *before 1964* MAY not be accepted by the Passport Agency.

Initials: \_\_\_\_\_

Certificate # \_\_\_\_\_  
(for County Clerk's Office use only)

Issued by: \_\_\_\_\_  
Deputy Date