

**APPLICATION - SHORT FORM CERTIFICATION OF BIRTH
APPLICATION FEE IS NON REFUNDABLE AND DUE AT THE TIME OF
APPLICATION**

| <u>INSTRUCTIONS</u> | | <u>COPIES REQUESTED</u> | |
|---|--------------|---|---------------|
| THE FEE FOR EACH CERTIFICATION MUST BE SUBMITTED WITH THIS APPLICATION AND A COPY OF YOUR DRIVERS LICENSE PLEASE TYPE OR PRINT LEGIBLE. | | CERTIFICATE OF BIRTH \$23.00 EACH HOW MANY? _____ AMOUNT ENCLOSED \$ _____ | |
| PLEASE INCLUDE I.D. INFORMATION D.L. NUMBER _____ STATE ISSUED _____ | | SHORT FORM CERTIFICATE CASH OR MONEY ORDER ONLY | |
| INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED | | | |
| 1. NAME AT BIRTH | FIRST | MIDDLE | LAST |
| 2. DATE OF BIRTH | MONTH | DAY / YEAR | 3. SEX |
| 4. PLACE OF BIRTH | CITY OR TOWN | COUNTY | STATE |
| 5. MOTHERS NAME FULL NAME | FIRST | MIDDLE | MAIDEN NAME |
| 6. FATHERS NAME FULL NAME | FIRST | MIDDLE | LAST |

| PERSON REQUESTING CERTIFICATION OF BIRTH | |
|---|---|
| 7. PURPOSE OF WHICH CERTIFICATION OF BIRTH IS TO BE USED (SCHOOL, EMPLOYMENT, MILITARY, PASS PORT, ETC.) | |
| 8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, MOTHER, ATTORNEY, ETC.) | |
| 9. PRINTED NAME OF APPLICANT | |
| 10. ADDRESS OF APPLICANT | STREET ADDRESS |
| CITY | STATE ZIP |
| 11. SIGNATURE OF APPLICANT | 12. DATE SIGNED |
| IF YOU WANT THE CERTIFICATION OF BIRTH MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION | PLEASE COMPLETE THIS FORM AND RETURN WITH FEE AND COPY OF APPLICANTS DRIVERS LICENSE TO THE ADDRESS ABOVE. |
| NAME | DO NOT WRITE IN THIS SPACE CLERK _____ LICENSE # _____ |
| STREET ADDRESS | |
| CITY OR TOWN STATE ZIP | |
| WARNING: The penalty for knowingly making a false statement in this form can be 2 10 years in prison and a fine up to \$5,000. (Article 4477c, Revised Civil Statutes of Texas) | |