

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

HONORABLE TERESA KIEL
GUADALUPE COUNTY CLERK

211 West Court St., Seguin TX 78155-5730
Phone (830) 303-8863

BIRTH - \$ 23.00

Enter quantity:

Abstract
Long Form (Guadalupe County Births only)

DEATH

Enter quantity:

\$ 21.00 First Certified Copy
\$ 4.00 each additional copy ordered at this time

PLASTIC COVER - \$ 2.00 each - Enter quantity and size: Abstract Letter Legal

Full name on record: First Middle Last name at birth / death

Gender (M/F) Date of Birth or Death: County of Birth or Death

Mother's Name: First Middle Maiden Name

Father's Name: First Middle Last

Purpose for obtaining copy of certificate (please check all that apply):

Driver's License/ID Housing Insurance Passport Records
Social Security School Travel Veterans Welfare

Other (explain):

Applicant's Name: First Middle Last

Daytime Phone Number: Relationship to Registrant:

Applicant's Mailing Address: Number & Street City State Zip

ID Type & #: Expiration Date:

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 10 YEARS AND/OR A FINE OF UP TO \$ 10,000. (Texas Health & Safety Code, Chapter 195, Sec. 195.003); Texas Penal Code, Chapter 12 and Chapter 37, Sec. 37.10)

Applicant Signature Today's Date

By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above

Please make check or money order payable to: GUADALUPE COUNTY CLERK

OFFICE USE ONLY

Control # (s)

Registrar File # Volume Page Date Issued

Copies Issued Receipt # Deputy Initials

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED

Signed by:

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

Circle Birth or Death for the record that you are requesting and enter the quantity needed.

Full name on record:

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

Gender:

Check the appropriate box, male or female.

Date of Birth or Death:

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

Mother's Name:

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

Father's Name:

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

Purpose for obtaining copy of certificate:

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

Applicant's Name:

Give **YOUR** full name.

Daytime Phone Number:

Give us a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.

Relationship to Registrant:

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

Applicant's Mailing Address:

Give us your complete current mailing address.

ID Type & #:

Give us the type of IDENTIFICATION that you will be using to request the record.
(Driver License, I.D. Card, etc.)

Expiration Date:

Give us the expiration date on the identification that you are providing to us to request the record.

SIGN AND DATE THE APPLICATION AFTER READING THE NOTICE AND WARNING. IF MAILING THE REQUEST, PLEASE PROVIDE A PHOTOCOPY OF YOUR IDENTIFICATION AND ATTACH (PAGE 2) THE COMPLETED NOTARIZED AFFIDAVIT.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
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	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named in Part I as _____ (relationship) and who on oath deposes	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this ____ day of _____, 20 ____.	
(Please place notary stamp in space below)	

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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**GUADALUPE COUNTY CLERK
VITAL RECORDS DEPT. 1ST FLOOR
211 WEST COURT STREET
SEGUIN, TEXAS 78155**

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID AND PAYMENT WILL NOT BE PROCESSED)