

**HAYS COUNTY CLERK - VITAL STATISTICS
APPLICATION FOR CERTIFIED COPY OF
BIRTH OR DEATH CERTIFICATE**

BIRTH
#requested: _____ X \$23.00 = \$ _____
TOTAL PAID = \$ _____



DEATH
First Copy = \$ 21.00 +\$4 each add'l = \$ _____
TOTAL PAID = \$ _____

DI 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 Health and Human Services.

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day Year	cSex
3. Place of Birth or Death	City or Town	County	State
4. Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
5. Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

<p>Additional Identifying information for <u>DEATH</u> certificate:</p> <p>Social Security # of Deceased: _____ Birth Date _____</p> <p>Birth Place _____</p>

Requestor **Name**: _____ Telephone # _____

Full Mailing **Address**: _____
Street Address City State Zip

Relationship to Person listed above: _____

Purpose for obtaining this record: _____

DI authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving copies, if Different from requestor: _____

Mailing Address for copies, if Different from requestor
 City: _____ State: _____ Zip: _____

<p>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 & SAFETY CODE CHAPTER 195, SEC. 195.003)</p>
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Clerk's NOTE: Short-form Birth Certificates may not be acceptable for submission for PASSPORTS, therefore it is recommended that you obtain a long form from the County/City where you were born.

Your Signature: _____ Date of Application: _____

Identification Type: _____ Number: _____

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
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PLACE OF BIRTH/DEATH (City or County)	SEX
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FULL NAME OF PARENT 1	FULL NAME OF PARENT 2
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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 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 _____

(Seal)

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:
 Hays County Clerk
 712 S. Stagecoach Trail
 Ste. 2008
 San Marcos, TX 78666

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