

**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= \$ _____

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 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	Sex
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

Additional Identifying information for DEATH certificate:

Social Security # of Deceased: _____ Birth Date _____

Birth Place _____

Requestor Name: _____ **Telephone #** _____

Full Mailing Address: _____
Street Address City State Zip

Relationship to Person listed above: _____

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 & SAFETY CODE CHAPTER 195, SEC. 195.003)**

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:** _____

Identification Type: _____ **Number:** _____