

OFFICE USE ONLY	
Cert #	
DOCUMENT CONTROL #	
By _____	

**City of San Antonio**  
**Office of the City Clerk**  
**Vital Records Division**

**MAIL APPLICATION FOR**  
**BIRTH AND DEATH RECORD**

OFFICE USE ONLY	
Remit No.	
By _____	

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND NOTARIZED SWORN STATEMENT WHEN SENDING YOUR REQUEST. Make check or money order payable to: City of San Antonio** All funds are deposited directly to the City of San Antonio Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable. **If paying by check, checkholder ID must be included.**

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 Copy)	\$21		
Additional Copy	\$ 4		
Protective Sheet Cover	\$ 2		
* Required postage \$12.00 USPS Priority OR \$24.25 USPS Overnight Express return delivery			
*Your request will not be mailed to you without the postage fee paid <b>Total</b>			

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$23		
Protective Sheet Cover	\$ 2		
* Required postage \$12.00 USPS Priority OR \$24.25 USPS Overnight Express return delivery			
*Your request will not be mailed to you without the postage fee paid <b>Total</b>			

**BIRTH OR DEATH RECORD INFORMATION**

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

**REQUESTOR INFORMATION**

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

I authorize mailing to the address below and have verified the address. I also agree a signature is required.

Name of Person Receiving Copies, if Different from Requestor		
Mailing Address for Copies, if Different from Requestor		
City	State	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)**

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

**APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.**



**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**  
**Office of the City Clerk, Vital Records Division**  
**719 S Santa Rosa**  
**San Antonio, TX 78204**

For information by phone call 210-8781

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

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This blank page is to ensure that notarized affidavit does not print on the reverse side of the application.

## 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 on 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 \_\_\_\_\_.

*(Seal)*

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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