



APPLICATION FOR BIRTH OR DEATH RECORD

APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION

PLEASE PRINT CLEARLY AND LEGIBLY

OFFICE USE ONLY		
REGISTRAR'S #	_____	
RMT #	_____	
DATE	_____	
RECEIPT #	_____	
AMOUNT \$	_____	
Cash	Check	Credit Card
CLERK	_____	

CERTIFIED BIRTH CERTIFICATES	
Texas Birth ONLY	
_____ Long Form Full Reproduction	\$23.00
(CITY OF SAN MARCOS BIRTHS ONLY)	
_____ Short Form Abstract	\$23.00
(AVAILABLE FOR MOST TEXAS BIRTHS)	
TOTAL ENCLOSED = _____	

CERTIFIED DEATH CERTIFICATES	
_____ Certified Copy	\$21.00
_____ Extra copies of the same record	\$ 4.00
TOTAL ENCLOSED = _____	

Note: A search fee of \$23.00 is retained under Texas Administrative Code Rule§ 181.22

- **If NO Record is found**
- **Record is found BUT the name(s) is too long to print**

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex	M / F		
4. Place of Birth or Death	City	County	
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Mother's Maiden Name

Person Applying for Record:

7. YOUR NAME: _____ 8. TELEPHONE # () _____
(Mon-Fri 8:00 A.M. – 5:00 P.M.)

9. MAILING ADDRESS: _____
Street Address/P.O. Box City State Zip

10. RELATIONSHIP TO PERSON ON RECORD: _____

11. PURPOSE FOR OBTAINING THIS RECORD:
Driver's License/ID ___ SS ___ Housing ___ School ___ Sports ___ Passports ___ Military Service ___ Retirement ___
Insurance ___ Welfare ___ Records ___ Other (Please Specify) _____

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.

12. FOR DEATH CERTIFICATE ADDITIONAL IDENTIFYING INFORMATION IS REQUIRED:

BIRTHDATE: _____ BIRTHPLACE: _____

BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS; THEREFORE, ISSUANCE IS RESTRICTED

Applicant's Signature _____

Date of Application _____

EFFECTIVE SEPTEMBER 1, 2015

FOR MAIL-IN REQUIREMENTS: COMPLETED APPLICATION, COMPLETED NOTARIZED PROOF OF IDENTIFICATION FORM, PHOTOCOPY OF VALID GOVERNMENT-ISSUED ID AND CHECK OR MONEY ORDER.

TO: CITY OF SAN MARCOS
CITY CLERK'S OFFICE, VITAL STATISTICS
630 E. HOPKINS
SAN MARCOS, TEXAS 78666
FOR QUESTIONS, PLEASE CALL 512.393.8087

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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)