



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 Births Only	
_____ Long Form Full Reproduction	\$23.00
(CITY OF SAN MARCOS BIRTHS ONLY)	
_____ Short Form Abstract	\$23.00
TOTAL ENCLOSED = _____	

CERTIFIED DEATH CERTIFICATES	
_____ CERTIFIED COPY	\$21.00
_____ EXTRA COPIES OF THE SAME RECORD	\$ 4.00
TOTAL ENCLOSED = _____	

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.

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

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: _____

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

Note: If NO RECORD is found, a search fee of \$22.00 is retained under Texas Administrative Code Rule§ 181.22

Applicant's Signature

Date of Application

EFFECTIVE SEPTEMBER 1, 2015

FOR MAIL-IN: COMPLETED APPLICATION, PAYMENT AND A NOTARIZED PHOTOCOPY OF YOUR VALID PHOTO ID (APPLICATIONS WITHOUT NOTARIZED PHOTO ID WILL NOT BE PROCESSED)

**TO: CITY CLERK'S OFFICE
CITY OF SAN MARCOS
630 E. HOPKINS**

SAN MARCOS, TEXAS 78666

FOR QUESTIONS PLEASE CALL 512-393-8087

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)