

Receipt No. _____
Form No. _____
File No. _____
Emp. I.D. _____

City of Temple
2 N. Main St. – Room 103
P.O. Box 207
Temple, Texas 76503
Phone (254) 298-5700
Fax (254) 298-5637



E-mail: CitySecretary@templetx.gov

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

A COPY OF THE APPLICANT'S PHOTO ID IS REQUIRED FOR PROCESSING

BIRTH

REQUESTED _____
_____ CERTIFIED COPIES X \$23.00 _____

DEATH

REQUESTED _____
_____ CERTIFIED COPIES X \$21.00 _____
_____ ADDT'L COPIES X \$4.00 _____
TOTAL _____

PLEASE 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			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name
7. Social Security No. of Deceased	8. Birth Date of Deceased		9. Birth Place of Deceased

10. APPLICANT'S NAME _____ **11. TELEPHONE #**(_____) _____

12. ADDRESS TO MAIL BIRTH CERTIFICATE _____
Street Address City State Zip Code

13. RELATIONSHIP TO PERSON NAMED IN ITEM 1. _____

14. PURPOSE FOR OBTAINING THIS RECORD (Personal) _____ **(Passport)** _____

15. SIGNATURE OF APPLICANT _____ **DATE** _____

CHECKS PAYABLE TO CITY OF TEMPLE..... ALL SALES ARE FINAL

A COPY OF THE APPLICANT'S PHOTO ID IS REQUIRED FOR PROCESSING

If paying by Credit Card (MASTERCARD, VISA & DISCOVER), provide information below, including billing address for Credit Card holder. Also include ID of Credit card holder if different than purchaser.

<u>CARDHOLDER NAME</u>	<u>ACCOUNT NUMBER & VERIFICATION NO.</u> (3-digit code on back of card in signature area)	<u>EXPIRATION DATE</u>
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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 678, SEC. 195.003)
revised 05/2015