HAYS COUNTY CLERK - VITAL STATISTICS APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

(MAIL IN ONLY)

CLERK'S USE ONLY

Certificate(s) #:

Receipt #: Transaction #: Date: Initials:

BIRTH					
# requested: X \$23.00					
each =					
\$					
TOTAL PAID = \$					

First Name

Month

1. Full Name of

Death

Person on Record

2. Date of Birth OR

Your Signature: Identification Type:

3. Place of Birth OR City or Town



DEATH

First Copy = \$ 21.00 +\$4 each add'l = \$_____

Maiden Name/Last Name

TOTAL PAID= \$____

Sex

State

☐ 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

Day

County

Middle Name

Year

I authorize mailing to the address below. I have verified that the address below will receive my order. Name of Person Receiving the copies, if different from requestor: Mailing address for copies, if different from requestor:								
	on listed above: ng this record:							
	Street Address	City	State	±				
Full Mailing Addres	s:							
Requestor Name: Telephon								
Birth Place				_				
Social Security # of l	Deceased:	Birth Date:						
Additional Identifyi	ing information for <u>DEAT</u>	<u>TH</u> certificate:						
			l					
5. Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name					
Parent 1								
4. Full Name of	First Name	Middle Name	Maide	en Name/Last Name				
Death								

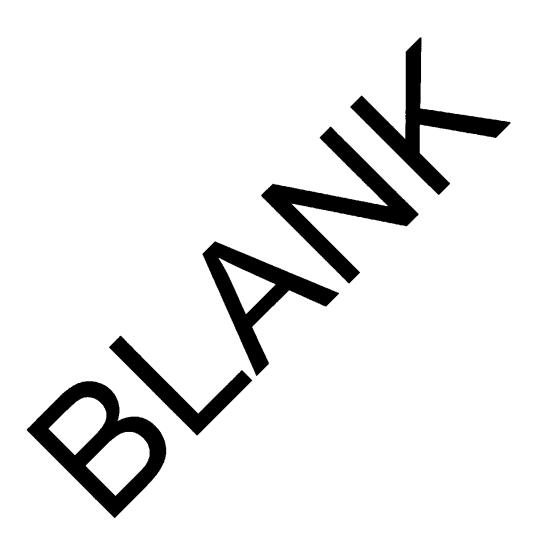
Texas Administrative Code Rule §181.22 FEES CHARGED FOR VITAL RECORDS SERVICES - If record is not found, the County Clerk's office will retain the \$23.00 as a search fee. We will only conduct one search for the record and if not found, you will need to visit the Department of State Health Services in Austin, Texas. This includes Short-Form Birth Certificates (Abstract) not containing the "i" when printed. No refunds are issued for birth or death record not found. The search fee is non-refundable or transferable.

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 due to not containing the "i" when printed; therefore it is recommended that you obtain a long form from the County/City where you were born.

Number:



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

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/I BIRTH/DEATH CERTIFICATE	DEATH, AND I	NAMES OF PARENTS AS	INFORMATION APPEARS ON		
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH				
PLACE OF BIRTH/DEATH (City or County)			SEX		
FULL NAME OF PARENT 1	FULL N	FULL NAME OF PARENT 2			
PART II. ENTER RELATIONSHIP TO PERSON ON REC	ORD AND TH	E TYPE OF ID USED.			
NAME AND RELATIONSHIP TO PERSON ON RECORD		TYPE AND NUMBER OF IDACCEPTED WHEN NOTARIZED			
PART III. THIS SECTION MUST BE SIGNED INTHE PRE		NAL KNOWLEDO	jE		
STATE OF					
COUNTY OF					
Before me on this day appeared					
now residing at	(Nan	ne)			
(Address)	(city)	(state)	and who on oath deposes and		
(Relations says that the contents of this affidavit are true and correct.	ionship)				
Signature					
Sworn to and subscribed before me, this day of		, 20			
		Signature of Notary Public Commission Expires			
(SEAL)		Typed or Printed Name			

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). MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO IDTO:

Street Address

City, State and Zip

Hays County Clerk's Office, 712 South Stagecoach Trl., Ste. 2008, San Marcos TX 78666

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO IDWILL NOT BE PROCESSED)