



# BIRTH CERTIFICATE APPLICATION

Records Processing Monday to Friday, 8 am to 4 pm

**Mailing Address**  
 Local Registrar  
 P.O. Box 9960  
 College Station, Texas 77842

**Office Address**  
 1101 Texas Avenue  
 College Station, Texas 77842

Phone: (979) 764-5016  
 Fax: (979) 764-6377

# _____	Certified Copies	x \$ 23 = _____
# _____	Remote Search Fee	x \$ 23 = _____
# _____	Birth Verification	x \$ 18 = _____
# _____	*Storage Envelope	x \$ 1 = _____
# _____	*Archival Sleeve	x \$ 2 = _____
# _____	Postage: Mail in Only	x \$ 8 = _____
<b>*Optional</b>		<b>Total = _____</b>

We accept: Cash (no bills larger than a \$20), Credit/Debit (We do not accept AMEX), Check or Money Orders payable to City of College Station.

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON 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**

**PLEASE PRINT**

*See reverse side for instructions*

**PERSON NAMED ON BIRTH CERTIFICATE**

1. Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST

2. Date of Birth: \_\_\_\_\_ 3. Sex: \_\_\_\_\_  
MONTH DAY YEAR MALE or FEMALE

4. Place of Birth: \_\_\_\_\_  
CITY or TOWN COUNTY STATE

5. Parent Name: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME/LAST NAME

6. Parent Name: \_\_\_\_\_  
FIRST MIDDLE MAIDEN NAME/LAST NAME

**PERSON APPLYING FOR BIRTH CERTIFICATE**

7. Applicant's Name: \_\_\_\_\_ 8. Phone: \_\_\_\_\_  
FULL NAME DAYTIME #

9. Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

10. Your relationship to person on record: \_\_\_\_\_  
Newborn Insurance Travel/Passport School/Daycare

11. Purpose for obtaining this record: \_\_\_\_\_  
Records Other:

**If obtaining records by mail, you must enclose payment (to include postage fee), a copy of your driver's license, and have this form notarized below.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of Texas, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
date name of person being acknowledged

(Personalized Seal)

\_\_\_\_\_  
 Notary Public's Signature

**For Office Use Only:**  
 File #: \_\_\_\_\_  
 Paper #: \_\_\_\_\_

## INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

If obtaining records by mail, you must enclose payment to include the postage fee, a copy of your driver's license, and have this form notarized.

Indicate the number of records and compute the amount of money to be sent. PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU SEND EITHER A PERSONAL CHECK OR MONEY ORDER  
**MADE PAYABLE TO: THE CITY OF COLLEGE STATION.**

- Item 1**      *Name on Record*  
State the FULL NAME of the person shown on the record being requested.
- Item 2**      *Date of Birth*  
Give the exact date of the birth.
- Item 3**      *Sex*  
Enter Male or Female.
- Item 4**      *Place of Birth*  
State the name of the city and county in which the birth occurred.
- Item 5**      *Parent / Father's Name*  
Give the full name of the father of the person shown on the record.
- Item 6**      *Parent / Mother's **MAIDEN** name*  
Give the FULL MAIDEN NAME of the mother of the person shown on the record.
- Item 7**      *Applicant's name*  
Give **YOUR** full name
- Item 8**      *Telephone number*  
Give us a telephone number with area code where you can be reached between the hours of 8am and 5pm, Monday through Friday.
- Item 9**      *Mailing Address*  
Give us your complete mailing address.
- Item 10**     *Relationship to person named on the record*  
State how you are related to the person on the record you are requesting.
- Item 11**     *Purpose for obtaining this record*  
State the reason you or purpose for which you are requesting this record.

**YOU MUST SIGN AND DATE THIS APPLICATION**