



# BIRTH CERTIFICATE APPLICATION

Vital Records Processing Monday through Friday, 8 am – 4 pm

Phone: (979) 764-3541

Fax: (979) 764-6377

## Mailing Address

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

## Office Address

1101 Texas Avenue  
College Station, Texas 77842

# _____	Certified Copies	x \$ 23 =	_____
# _____	Copy of Same Record	x \$ 4 =	_____
# _____	Archival Sleeve	x \$ 2 =	_____
# _____	Postage (certified mail)	x \$ 5 =	_____
<b>Total =</b>			_____

No cash bills larger than a \$20. Check or money orders payable to City of College Station. **No Credit Cards.**

**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**

**PERSON NAMED ON DEATH CERTIFICATE** Please Print (See reverse side for instructions)

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. Father's Name: \_\_\_\_\_  
FIRST MIDDLE LAST

6. Mother's Name: \_\_\_\_\_  
(MAIDEN ONLY) FIRST MIDDLE LAST (MAIDEN)

7. Social Security Number of deceased: \_\_\_\_\_ Ex. 123-45-6789

Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth: \_\_\_\_\_  
COUNTY STATE

**PERSON APPLYING FOR DEATH CERTIFICATE**

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

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

10. Your relationship to person on record: \_\_\_\_\_

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

**If obtaining records by mail, you must enclose payment, 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 (date) by (name or names of person or persons acknowledging).

(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, 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 (INCLUDING THE POSTAGE FEE) 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 or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)
- Item 3**      *Sex*  
Enter Male or Female.
- Item 4**      *Place of Birth*  
State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)
- Item 5**      *Father's Name*  
Give the full name of the father of the person shown on the record.
- Item 6**      *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**     *Relationships 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**