



Application for Birth Certificate

Office & Mailing Address:

1101 Texas Ave

College Station, TX 77840

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

Records Processing: Monday to Friday, 8 am to 4 pm
Order Online: www.forms.cstx.gov/Forms/vitals

# _____	Certified Copies	x \$ 23 = _____
# _____	Abstract/Search Fee	x \$ 23 = _____
# _____	Birth Verification	x \$ 18 = _____
# _____	*Storage Envelope	x \$ 1 = _____
# _____	*Archival Sleeve	x \$ 2 = _____
# _____	Postage: Mail-In Only	x \$ 10 = _____
* Optional		Total = _____

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.

INSTRUCTIONS

- * Read all instructions carefully before completing application.
- * Application must be filled out completely.
- * Print legibly. Illegible writing may result in additional fees for multiple searches.
- * State law requires that any time a search for a certificate is conducted and it is not found, a "SEARCH FEE" equal to the certificate fee will be charged. Search fees are not refundable.
- * If obtaining records by mail, applications must be notarized and you must enclose payment and a copy of your driver's license. (See reverse side for Applicant & ID requirements.)

PLEASE PRINT

<i>For Office Use Only:</i>	
Clerk: _____	Cash _____
File#: _____	Check # _____
DCN: _____	Card _____

PERSON APPLYING FOR CERTIFICATE	
1. Applicant's Name: _____ FULL NAME	
2. Email: _____	3. Phone: _____ DAYTIME #
4. Mailing Address: _____ STREET CITY STATE ZIP	
5. Your relationship to person on record: _____	
6. Purpose for obtaining this record: <u>Newborn, Insurance, Travel/Passport, School/Daycare, General Records</u>	

NAME ON CERTIFICATE	
7. Full Name: _____ _____ _____ FIRST MIDDLE LAST NAME	
8. Date of Birth: _____ _____ _____ 9. Sex: _____ MONTH DAY YEAR MALE or FEMALE	
10. Place of Birth: _____ _____ _____ CITY or TOWN COUNTY STATE	
11. Parent Name: _____ _____ _____ FIRST MIDDLE MAIDEN NAME/LAST NAME	
12. Parent Name: _____ _____ _____ FIRST MIDDLE MAIDEN NAME/LAST NAME	

I acknowledge that the **US Passport** Agency may request additional information in conjunction with an abstract birth certificate.

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).

SIGNATURE OF APPLICANT	DATE
State of Texas, County of _____	
This instrument was acknowledged before me on _____ by _____	
<i>date</i>	<i>name of person being acknowledged</i>

(Personalized Seal)

Notary Public's Signature

Who is a Qualified Applicant?

The **person named** on the vital record, his/her **immediate family members**, his/her **guardian**, or his/her **legal agent/representative**.

An **immediate family member** is defined as any of the following:

- * child
- * parent/guardian
- * brother/sister
- * grandparent
- * spouse

All other applicants must provide legal documentation (such as a court order establishing guardianship, an insurance policy listing the applicant as the beneficiary, etc.) that documents a direct, tangible interest in the birth or death certificate.

For complete details, see Section 181.1(21) of the Texas Administrative Code.

Identification Requirements

Group A – PRIMARY ACCEPTABLE ID

Please provide **ONE (1)** from **GROUP A**:

Most Common Group A IDs:

Driver's license from a U.S. state
Federal or state ID card
Military ID card
U.S. passport

Other Acceptable Group A IDs:

License to Carry a Handgun
Pilot's license
Law enforcement employment ID (federal, state, or city)
Offender ID issued by the Texas Department of Criminal Justice or an ID from a federal or U.S. state correctional facility or institution
Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
Employment Authorization Document (EAD)
Permanent Resident Card (Green Card)
Travel documents:
Re-entry permit
Refugee travel document
Advance parole
SENTRI card
U.S. citizen ID card
U.S. Department of State issued:
Border Crossing Card (BCC) – B1 for business or pleasure or B2 medical purposes
Visa

Group B – SECONDARY ACCEPTABLE ID

If you do not have one from Group A, please provide **TWO (2)** from **GROUP B**:

Current student ID
Any Primary Acceptable ID from Group A that is expired
Signed Social Security card or Numident
DD Form 214 Certificate of Release
Medicaid card or Medicare card
Veterans Affairs card
Medical insurance card
Foreign passport accompanied by a visa issued by the U.S. Department of State
Foreign passport in accordance with the U.S. Department of State, Visa Waiver Program
Certified birth certificate from the U.S. Department of State (FS-240, DS-1350, or FS-545)
Private company employment ID card
Form I-94 - accompanied by the applicant's visa or passport
Mexican voter registration card
Foreign identification with identifiable photo of applicant (including El Salvador consular certification, El Salvadoran Unique Identity Card [DUI], and Honduran consular certification)

Group C – SUPPORTING DOCUMENTS

If you do not have one from Group A or two from Group B, provide **ONE (1)** from **GROUP B** and **TWO (2)** from **GROUP C**:

Recent utility bill or cell phone bill with current address
Recent paycheck stub
Any Secondary Acceptable ID from Group B that is expired
Public assistance applications or letters
Signed valid voter's registration card
Police report of stolen ID
Official school transcript
Bank account statement
Social Security letter
Marriage license or divorce decree
Certified birth certificate from a state other than Texas, District of Columbia, or other country
Automobile insurance card or contract
Lease agreement
Loan or installment payment contract
Promissory note or loan contract
Court order
Property title or lien
Automobile title or registration
Library card
Fishing or hunting license
Recent medical record or bill
Religious record with signature of religious official
Recent rent receipt with address and name
Federal, state, or local tax records
U.S. Department of Homeland Security notice or correspondence