



Office of Kiesha Bagwell County Clerk

Hamilton County, Texas

www.hamiltoncountytexas.org

Application for Certified Copy Birth or Death Certificate

Birth Certificate			
	Short Form (Abstract) Available for all Texas births		\$23 each
	Long Form		\$23 each

Death Certificate			
	Death Certificate		\$21 1st copy
	Additional Copies are \$4 Of Death Certificate		\$4 each

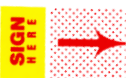
Cash, Money Order, or Debit/Credit Accepted (\$3.00 minimum or 3% convenience fee applies for card payments). **~~~Please have a photocopy of Photo ID.~~~**

BIRTH/DEATH RECORD INFORMATION (Information de certificado)

① Name on Record: (Nombre)									
	First name/Primer nombre			Middle/Segundo nombre			Last Name/Appellido		
② Date of Birth: (Fecha nacimiento)	Month/Mes	Day/Día	Year/Año	③ Date of Death: (Desfuncion)	Month/Mes	Day/Día	Year/Año		
④ Place of Birth/Death: (Lugar nacimiento)	City / Ciudad de nacimiento			County/Condado de nacimiento			TEXAS ONLY		
	State/Estado de nacimiento								
⑤ Parent 1: [] Mother [] Father [] Madre [] Padre									
	First/Primer nombre			Middle/Segundo nombre			Maiden or Last Name/Apellido Anterior		
⑥ Parent 2: [] Mother [] Father [] Madre [] Padre									
	First/Primer nombre			Middle/Segundo nombre			Maiden or Last Name/Apellido		

YOUR INFORMATION (Information de solicitante)

Relation to ①:				Purpose for request:				[] Passport [] Records [] School	
[] Self [] Father [] Spouse [] Legal Guardian				[] Driver License [] Housing [] Travel [] Veteran				Other:	
[] Mother [] Sibling [] Child [] Grandparent				[] Social Security [] Insurance					
Your Name: (Nombre)									
	First/Primer nombre de solicitante			Middle/Segundo nombre			Last Name/Appellido		
Home address: (Domicilio)									
	# Street/Calle			Apt #			City/Ciudad State/Estado Zip Code/Codigo		
Phone #: (Telefono)	() -			E-mail: (For Receipt)					
[] SAME AS ABOVE									
Mailing address: (Residencia de domicilio es diferente)									
First/Primer nombre de solicitante				Middle/Segundo nombre			Last Name/Appellido		
# Street/Calle				Apt #			City/Ciudad State/Estado Zip Code/Codigo		



(Must sign to process)

Date

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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

Would you like a receipt emailed? Yes [] No []
Would you like a paper receipt? Yes [] No []

Office Use Only

Applicant Information

[] ID/Driver's License		ID #			
[] Passport		Expire Date			
Other:		State of Issue			
Clerk		Amount		[] Documents Verified	
Year		Book		Page	
Receipt			Security		

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
(Name)

now residing at _____
(Address) (City) (State)

who is related to the person named on Part I as _____
(Relationship) and who on oath deposes and

says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

(APPLICATIONS WITHOUT THE ATTACHED SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)