

# APPLICATION FOR A CERTIFIED COPY OF BIRTH IN TEXAS

NAME ON RECORD: \_\_\_\_\_  
First Middle Last

DATE OF BIRTH: \_\_\_\_\_  
Month Day Year

PLACE OF BIRTH: \_\_\_\_\_  
City County State

FATHER'S NAME: \_\_\_\_\_  
First Middle Last

MOTHER'S NAME: \_\_\_\_\_  
First Middle Last

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Your Name)

MAILING ADDRESS: \_\_\_\_\_  
Street/P.O. Box City, State, Zip Code

RELATIONSHIP TO PERSON ON RECORD: \_\_\_\_\_  
(Self, Parent, Step-Parent, Grandparent, Brother, Sister, Spouse)

PURPOSE FOR OBTAINING COPY OF THIS CERTIFICATE:  
Driver's License \_\_\_ Identification \_\_\_ School \_\_\_ Social Security \_\_\_ Travel \_\_\_ Passport \_\_\_  
Medicare/Medicaid \_\_\_ Employment \_\_\_ Insurance \_\_\_ Military \_\_\_ Sports \_\_\_ Veteran \_\_\_  
Other (please specify) \_\_\_\_\_

**Warning:** The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000 (Health & Safety Code, Chapter 195, Sec. 195-003).

*In order for an individual to obtain a certified copy of a birth record, the person must be a qualified applicant. Chapter 25 of the Texas Administrative Code 181.11 defines a qualified applicant as the registrant (person listed on the birth record as the child), any immediate family member either by blood or marriage, the registrant's guardian or the registrant's legal agent or representative.*

\_\_\_\_\_  
Signature of Applicant Date

## REQUEST **WILL NOT** BE PROCESSED WITHOUT IDENTIFICATION

**CORYELL COUNTY CLERK'S OFFICE USE ONLY:**

Volume \_\_\_\_\_ Page \_\_\_\_\_ Local Registrar # \_\_\_\_\_ Certificate # \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk