HAYS COUNTY CLERK - VITAL STATISTICS
APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE
(MAIL IN ONLY)

CLERK'S USE ONLY
Certificate(s) #:

Receipt #:
In County/TxEver:
Date:
Initials:
Location: **S.M. K W D.S.**

BIRTH
requested: _____ X $23.00 each =
$_____

TOTAL PAID = $_____

DEATH
First Copy = $ 21.00
+$4 each add'l = $_____

TOTAL PAID= $_____

☐ **I wish to make a voluntary contribution of $5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.**

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name		Maiden Name/Last Name
2. Date of Birth OR Death	Month	Day	Year	Sex
3. Place of Birth OR Death	City or Town	County		State
4. Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
5. Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

Additional Identifying information for <u>DEATH</u> certificate:

Social Security # of Deceased: _____ Birth Date: _____

Birth Place _____

Requestor Name: _____ **Telephone #:** _____

Full Mailing Address: _____

Street Address City State Zip

Relationship to person listed above: _____

Purpose for obtaining this record: _____

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving the copies, if different from requestor: _____

Mailing address for copies, if different from requestor: _____

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)

<u>CLERK'S NOTE</u>: Short-form Birth Certificates may not be acceptable for submission for PASSPORTS due to not containing the "i" when printed; therefore it is recommended that you obtain a long form from the County/City where you were born.

Your Signature: _____ **Date:** _____

Identification Type: _____ **Number:** _____

Texas Administrative Code Rule §181.22 FEES CHARGED FOR VITAL RECORDS SERVICES - If record is not found, the County Clerk's office will retain the $23.00 as a search fee. We will only conduct one search for the record and if not found, you will need to visit the Department of State Health Services in Austin, Texas. This includes Short-Form Birth Certificates (Abstract) not containing the "i" when printed. No refunds are issued for birth or death record not found. The search fee is non-refundable or transferable.

INITIALS OF CUSTOMER ACKNOWLEDGING ABOVE STATEMENT REGARDING FEE(S) COLLECTED: _____

Death Certificate shows cause of death PENDING - proceed with purchase? _____

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This blank page is to ensure that notarized affidavit does not print on the reverse side of the application.

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 _____ and who on oath deposes and
(Relationship)

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

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 OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003). MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Hays County Clerk's Office, 712 South Stagecoach Trl., Ste. 2008, San Marcos TX 78666

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