



OFFICE OF DIANE TRAUTMAN

COUNTY CLERK, HARRIS COUNTY, TEXAS

P.O. Box 1525 • Houston, TX 77251-1525 • 713-755-6411

www.cclerk.hctx.net

APPLICATION FOR CERTIFIED COPY OF TEXAS BIRTH OR DEATH CERTIFICATE

# REQUESTED BIRTH [ ] CERTIFIED COPIES X \$23.00 =

# REQUESTED DEATH [ ] CERTIFIED COPY X \$21.00 =

TOTAL ENCLOSED =

ADDITIONAL COPIES OF SAME RECORD X \$4.00 =

DEPARTMENT

FILE# CERT #

TOTAL ENCLOSED =

Table with 6 rows and 4 columns for personal information: 1. Full Name of Person on Record, 2. Date of Birth or Death, 4. Place of Birth or Death, 5. Full Name of Parent 1, 6. Full Name of Parent 2.

7. APPLICANT'S NAME: 8. TELEPHONE #: (MON-FRI 8:00 A.M. - 4:30 P.M.)

9. MAILING ADDRESS: STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMES IN ITEM NO. 1:

11. PURPOSE FOR OBTAINING THIS RECORD:

12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE. BIRTH DATE: BIRTH PLACE, ETC.

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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

13. SIGNATURE OF APPLICANT

DATE

IDENTIFICATION TYPE Drivers License, I.D. Card, etc.

NUMBER: On Drivers License, I.D., Card, etc.

**INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF TEXAS BIRTH OR DEATH CERTIFICATE**

Check the appropriate box for either a Texas Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH OR PERSONAL CHECKS THROUGH THE MAIL. PLEASE SEND EITHER A CASHIER'S CHECK OR MONEY ORDER MADE PAYABLE TO: HARRIS COUNTY CLERK**

**Item 1. Name of Record:**

State the **FULL NAME** of the person shown on the record being requested.

**Item 2. Date of Event: (The date of the birth OR death.)**

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 Event:**

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. Full Name of Parent 1:**

Give the full name of Parent 1 including Maiden name if applicable of the person shown on the record.

**Item 6. Full Name of Parent 2:**

Give the full name of Parent 2 including Maiden name if applicable 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 8:00 A.M. and 4:30 P.M. (Central Time) Monday through Friday.

**Item 9. Mailing Address:**

Give us a complete current mailing address.

**Item 10. Relationship to person named on the record.**

State how you are related to the person whose record you are requesting.

**Item 11. Purpose for obtaining this record:**

State the reason or purpose for which you are requesting this record.

**Item 12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**

This additional information assists our staff in positively identifying a record when exact dates, places and spellings of the name(s) are not known for a death certificate.

Birth date of the deceased

Birthplace of the deceased

Any other information that would be helpful in identifying the record of an individual

**Item 13. SIGN AND DATE THE APPLICATION. ENCLOSE A PHOTOCOPY OF YOUR VALID IDENTIFICATION AND THE NOTARIZED PROOF OF IDENTIFICATION FORM NO. D-02-83. MAIL TO ADDRESS AT TOP OF APPLICATION FORM WITH THE CORRECT FEE(S).**

**NOTE:**

Fees are subject to change without notice (call 713 / 755-6438 for fee verification)

Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.

Administrative rules require that on restricted records, all identifying information (items 1 - 6), relationship (item 10), and purpose (item 11) be provided in order to issue the record.

## 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

**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:  
Office of DIANE TRAUTMAN  
County Clerk, Harris County, Texas  
P.O. Box 1525  
Houston, TX 77251-1525  
713-755-6411**

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