APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE
HONORABLE MARY LYNN RUSCHE
GILLESPIE COUNTY CLERK
101 W Main St. #13 Fredericksburg, TX 78624
Phone (830) 997-6515

BIRTH - $23.00
Enter quantity: _______

DEATH
Enter quantity:

$21.00 First Certified Copy
$4.00 each additional copy ordered at this time

Registrant’s full name on record: ____________________________

Gender (M/F) ______ Date of Birth or Death: ____________ County of Birth or Death ______________

Mother’s Name: ____________________________
Father’s Name: ____________________________

Purpose for obtaining copy of certificate: __________________________________________________________

Applicant’s Name: ____________________________
Daytime Phone Number: ____________________________ Relationship to Registrant: ______________________

Applicant’s Mailing Address: ____________________________

ID Type & #: ____________________________ Expiration Date: ____________________________

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 10 YEARS AND/OR A FINE OF UP TO $10,000. (Texas Health & Safety Code, Chapter 195, Sec. 195.003); Texas Penal Code, Chapter 12 and Chapter 37, Sec. 37.10)

Applicant Signature ____________________________ Today’s Date ____________________________

By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above

...Sworn to and subscribed by ____________________________ before me the _______ day of ____________

Notary

Please make check or money order payable to: GILLESPIE COUNTY CLERK
OFFICE USE ONLY

Control # (s) ____________________________
Registrar File # ____________________________ Volume ____________ Page ____________ Date Issued ____________
# Copies Issued ____________________________ Receipt # ____________________________ Deputy Initials ____________________________

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED

Signed by: ____________________________

Revised July 2015