APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

HONORABLE LINDSEY BROWN
GILLESPIE COUNTY CLERK
101 W Main St. #13 Fredericksburg, TX 78624
Phone (830) 997-6515

BIRTH - $23.00
Enter quantity: ______

DEATH
Enter quantity:

ENTER $21.00 First Certified Copy

ENTER $4.00 each additional copy ordered at this time

Registrant's full name on record: _________________________________
First Middle Last name at birth / death

Gender (M/F) ______ Date of Birth or Death: _______________ County of Birth or Death ________________

Mother's Name: ____________________________
First Middle Maiden Name

Father's Name: ____________________________
First Middle Last

Purpose for obtaining copy of certificate: ____________________________

Applicant's Name: ______________________________
First Middle Last

Daytime Phone Number: ____________________________ Relationship to Registrant: ________________

Applicant's Mailing Address: ________________________________
Number & Street City State Zip

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) ____________________________ 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 December 2022