

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

DEATH

Enter quantity: _____

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

BIRTH - \$ 23.00

Enter quantity: _____

Registrant's full name on record: _____

Gender (M/F) _____ Date of Birth or Death: _____ County of Birth or Death _____
First Middle Last name at birth / 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) _____

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: _____