

APPLICATION FOR CERTIFIED COPY OF BIRTH AND 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: _____

_____ \$21.00 First Certified Copy
_____ \$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: _____ Gillespie County(please circle one): 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 and number: _____ 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. Applicant accepts this certified copy as is and understands no refund or Exchange will be Granted, by signing this form.

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOTMORE 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

OFFICE USE ONLY

Cert# _____ Date Issued _____ # Copies Issued _____
Receipt No. _____ Deputy Initials _____