

Cert # \_\_\_\_\_ **APPLICATION FOR SEARCH & CERTIFICATE FORM  
VITAL STATISTICS RECORDS**

**\*\*Please see instructions for requesting information\*\***

Date \_\_\_\_\_  
Number of Copies \_\_\_\_\_

Cost: (CASHIER'S CHECK OR MONEY ORDER ONLY)  
Birth Record \$23.00 EACH (SEARCH FEE)  
Death Record \$21.00 FIRST COPY (\$4.00 EA ADDL-SAME PERSON) (SEARCH FEE)  
Marriage Record \$21.00 EACH (SEARCH FEE)

**BIRTH:** Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City or Town) (County) (State)  
Full Name of Father: \_\_\_\_\_  
Full Name of Mother (Maiden): \_\_\_\_\_

**DEATH:** Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
(City or Town) (County) (State)

**MARRIAGE:** Groom's Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Bride's Maiden Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Marriage: \_\_\_\_\_

STATE RELATIONSHIP TO ABOVE: (Husband, Wife, Parent, Child, Self) \_\_\_\_\_

**\*\*\*By signing below, I agree to pay the search fee in the event no vital record is found\*\*\***

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Address of Applicant)

\_\_\_\_\_  
(Drivers License # or ID #) (Must have copy enclosed)

\_\_\_\_\_  
(Phone Number of Applicant)

**(WARNING: PROVIDING FALSE INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW  
(HEALTH AND SAFETY CODE CHAPTER SEC 195.003 AND IS A 3<sup>RD</sup> DEGREE FELONY)**