

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

_____ Certified Copy Waller County Record

_____ Certified Copy from Remote System

CONTROL NO. _____

FILE NO. _____

BIRTH _____
REQUESTED _____
_____ CERTIFIED COPIES x \$23.00 = _____
TOTAL ENCLOSED = _____

DEATH _____
#REQUESTED _____
_____ CERTIFIED COPIES x \$21.00 = _____
_____ ADDITIONAL COPIES OF SAME RECORD x \$4.00 = _____
TOTAL ENCLOSED = _____

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Mother	First Name	Middle Name	Maiden Last Name
6. Full Name of Father	First Name	Middle Name	Last Name

7. APPLICANT=S _____ NAME: _____ 8. TELEPHONE _____ (MON.-FRI 8-5)

9. MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____ 11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT? _____ YES _____ NO

13. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE: BIRTH DATE _____ BIRTHPLACE _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

SIGNATURE OF APPLICANT _____ DATE OF APPLICATION _____
IDENTIFICATION TYPE _____ NUMBER _____
Driver=s License, I D Card, etc On Driver=s License, I D Card, etc.

ATTACH A PHOTO COPY OF YOUR VALID STATE ISSUED DRIVER=S LICENSE OR IDENTIFICATION CARD

Birth records are confidential for 75 years and Death records for 25 years; therefore, issuance is restricted. Please **attach a photo copy** of ID to Application.
Administrative rules require that on restricted records, all identifying information (item 1 - 6), relationship (item 10), and purpose (item11) be provided in order to issue the record.