

**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
(HEATH AND SAFETY CODE CHAPTER SEC 195.003 AND IS A 3RD DEGREE FELONY)**