

OFFICE USE ONLY

CERT. # _____

RECEIPT # _____

ISSUED BY _____



OFFICE USE ONLY

METHOD OF PAYMENT

CC _____ CCK/MO _____

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
 MAKE CASHIER CHECK OR MONEY ORDERS PAYABLE TO: CITY OF AMARILLO

Birth Certificates			
Type	Cost X	# of copies =	Total
Standard Size <input type="checkbox"/> Long Form <input type="checkbox"/>	\$23		
TOTAL AMOUNT			

Death Certificates			
Type	Cost X	# of copies =	Total
Certified Copy (1 copy)	\$21		
Additional Copies	\$4		
TOTAL AMOUNT			

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part 1)

NAME ON RECORD _____
(NOMBRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)

DATE OF BIRTH/DEATH _____
(FRCHA DE NACIMIENTO/MUERTE) MONTH (MES) DAY(DIA) YEAR (ANO) SEX (SEXO) M ___ F ___

PLACE OF BIRTH/DEATH _____
(LUGAR DE NACIMIENTO/MUERTE) CITY (CIUDAD) COUNTY (CONDADO) STATE (ESTADO)

FULL NAME OF PARENT 1 _____
(MADRE OR PADRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)

FULL NAME OF PARENT 2 _____
(MADRE OR PADRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)

APPLICANT INFORMATION (Part 2)

APPLICANT NAME _____ TELEPHONE # _____ EMAIL ADDRESS _____
(NOMBRE DEL SOLICITANTE) (TELÉFONO #) (DIRECCIÓN DE CORREO ELECTRÓNICO)

MAILING ADDRESS _____
STREET ADDRESS (DIRECCION) CITY (CIUDAD) STATE (ESTADO) ZIP (CODIGO POSTAL)

RELATIONSHIP TO PERSON NAMED ON RECORD _____ PURPOSE FOR OBTAINING THIS RECORD _____
(RELACIÓN CON LA PERSONA NOMBRADA EN EL REGISTRO) (RAZON PARA OBTENER ESTE REGISTRO)

I AUTHORIZE MAILING TO THE ADDRESS BELOW. I HAVE VERIFIED THAT THE ADDRESS BELOW WILL RECEIVE MY ORDER.
(AUTORIZO EL CORREO A LA DIRECCIÓN ABAJO. HE COMPROBADO QUE LA DIRECCIÓN DE ABAJO RECIBIRÁ MI PEDIDO.)

NAME OF PERSON RECEIVING COPIES, IF DIFFERENT FROM APPLICANT _____
(NOMBRE DE LA PERSONA RECIBIENDO EJEMPLARES, SI NO ES EL SOLICITANTE)

MAILING ADDRESS FOR COPIES, IF DIFFERENT FROM APPLICANT _____
(DIRECCIÓN PARA CORRESPONDENCIA, SI NO ES EL SOLICITANTE)

_____ CITY (CIUDAD) STATE (ESTADO) ZIP (CODIGO POSTAL)

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part 3)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
APPLICANT NAME (NOMBRE DEL SOLICITANTE)

now residing at _____
STREET ADDRESS (DIRECCION) CITY (CIUDAD) STATE (ESTADO)

who is related to the person named on Part 1 as _____ and who on oath deposes and says that the contents of this
affidavit are true and correct. RELATIONSHIP (RELACIÓN)

The applicant presented the following type and number of identification: _____

Applicant Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

(Seal)

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

**MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
CITY OF AMARILLO VITAL STATISTIC
PO BOX 1971 AMARILLO, TX 79105-1971**

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

LA PENALIDAD POR COMETER ALGUNA DECLARACIÓN FALSA CONSIENTEMENTE EN ESTE DOCUMENTAO PODRIA SER DE 2-10 AÑOS EN PRISION Y UNA MULTA DE \$10,000.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 806-378-9344 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND.

BIRTH AND DEATH RECORDS ARE CONFIDENTIAL, THEREFORE, ISSUANCE IS RESTRICTED. RECORDS MAY ONLY BE OBTAINED WHEN SUFFICIENT INFORMATION FOR IDENTIFICATION IS PROVIDED. PLEASE ATTACH A PHOTOCOPY OF ID TO APPLICATION.

ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION, RELATIONSHIP, AND PURPOSE BE PROVIDED IN ORDER TO ISSUE THE RECORD.