

OFFICE USE ONLY
 CERT. # _____
 RECEIPT # _____
 ISSUED BY _____

**CITY OF AMARILLO
 OFFICE OF VITAL STATISTICS
 509 E. 7TH AVE P.O. BOX 1971
 AMARILLO, TX 79105-1971
 PHONE (806) 378-9344
 FAX (806) 378-3026**

**OFFICE USE ONLY
 METHOD OF PAYMENT**
 CASH _____ CC _____
 CK# _____ CCK/MO _____

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

#REQUESTED _____ CERTIFIED COPIES X \$ 23.00 = _____ PLASTIC SLEEVE \$2.00 _____

PLEASE PRINT

1. NAME ON RECORD _____
(NOMBRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)
2. DATE OF BIRTH _____ MALE _____ FEMALE _____
(FECHA DE NACIMIENTO) MONTH (MES) DAY (DIA) YEAR (ANO)
3. PLACE OF BIRTH _____
(LUGAR DE NACIMIENTO) CITY (CIUDAD) or COUNTY (CONDADO)
4. FULL NAME OF PARENT 1 _____
(MADRE OR PADRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)
5. FULL NAME OF PARENT 2 _____
(MADRE OR PADRE) FIRST (PRIMER) MIDDLE (SEGUNDO) LAST (APELLIDO)
6. APPLICANT'S NAME _____
7. TELEPHONE #: () _____
(NÚMERO DE TELÉFONO) (MON-FRI 8:00-5:00)
8. MAILING ADDRESS: _____
STREET ADDRESS (DIRECCION) CITY (CUIDAD) STATE(ESTADO) ZIP
9. RELATIONSHIP TO PERSON NAMED ON CERTIFICATE: _____
(RELACION A PERSONA EN EL CERTIFICADO)
10. PURPOSE FOR BIRTH CERTIFICATE: NEW BIRTH _____ PASSPORT _____ DL/ID _____ SS# _____ HOUSING _____ SCHOOL _____ OTHER _____
(RAZON PARA OBTENER EL CERTIFICADO)

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 678, SEC. 195.003)
LA PENALIDAD POR COMETER ALGUNA DECLARACIÓN FALSA CONSIETEMENTE EN ESTE DOCUMENTO PODRIA SER DE 2-10 AÑOS EN PRISION Y UNA MULTA DE \$10,000.

 SIGNATURE OF APPLICANT (FIRMA)

 DATE (FECHA)

**"I HAVE BEEN INFORMED AND UNDERSTAND THAT THE *ABSTRACT BIRTH CERTIFICATE I AM RECEIVING DOES NOT MEET THE BASIC REQUIREMENTS AS SET FORTH BY THE U.S. PASSPORT SERVICES."
 "HE SIDO INFORMADO Y COMPRENDO QUE EL ABSTRACTO ACTA DE NACIMIENTO QUE ESTOY RECIBIENDO NO CONTIENE LOS REQUISITOS BASICOS ESTABLECIDOS POR LOS SERVICIOS DE PASAPORTE DE LOS ESTADOS UNIDOS.**
 SIGNATURE _____

FEEES 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 (ITEMS 1-5), RELATIONSHIP (ITEM 9), AND PURPOSE (ITEM 10) BE PROVIDED IN ORDER TO ISSUE THE RECORD.