

**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		
<b>TOTAL AMOUNT</b>			

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

**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.**

**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, RELATIONSHIP, AND PURPOSE BE PROVIDED IN ORDER TO ISSUE THE RECORD.**