



Lona Ackman
 Gonzales County Clerk
 427 St. George St., Suite 200
 Gonzales, TX 78629

APPLICATION FOR BIRTH OR DEATH RECORD

VALID GOVERNMENT-ISSUED IDENTIFICATION IS REQUIRED ON ALL
 REQUESTS

OFFICE USE ONLY

Certificate # _____
 Document Control # _____
 Receipt # _____
 Amount \$: _____
 Cash Check Credit Card
 Date: _____
 Clerk: _____

CERTIFIED BIRTH CERTIFICATES

Texas Birth ONLY

____ Certified Copies x \$22

CERTIFIED DEATH CERTIFICATES

____ Certified Copy - \$20 ea.

____ Extra copies of same record x\$3

Please Print Clearly and Legibly

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth OR Death	Month	Day	Year
3. Place of Birth OR Death	City	County	4. Gender M / F
5. Full Name of Parent 1	First Name	Middle Name	Maiden/Last Name
6. Full Name Of Parent 2	First Name	Middle Name	Maiden/Last Name

Person Applying for Record:

7. YOUR NAME: _____ 8. TELEPHONE #: (____) _____

9. MAILING ADDRESS: _____
 Street Address/PO Box City State Zip

10. RELATIONSHIP TO PERSON ON RECORD: _____

11. PURPOSE FOR OBTAINING THIS RECORD:

Driver's License/ID _____ SS _____ Housing _____ School/Sports _____ Passports _____
 Military Service _____ Retirement _____ Insurance _____ Records _____ Other (Please Specify) _____

12. FOR DEATH CERTIFICATE ADDITIONAL IDENTIFYING INFORMATION IS REQUIRED:

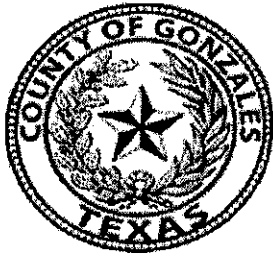
BIRTHDATE: _____ BIRTHPLACE: _____

BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS;
 THEREFORE, ISSUANCE IS RESTRICTED

 Applicant's Signature

 Date of Application

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



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**APLICACIÓN PARA COPIA DE NACIMIENTO O
 COPIAS DE FALLECIMIENTO**

NACIMIENTO
Nacimientos solamente de Tejas
 _____ Copias Certificadas - \$22

FALLECIMIENTO
 _____ Copias Certificadas - \$20 ea.
 _____ Copias Adicionales - \$3

Por Favor Imprima Clara y Legiblemente

1. Nombre del Nacido o Fallecido	Primer nombre	Segundo nombre	Apellido
2. Fecha del Nacido o del Fallecido	Mes	Día	Año
3. Lugar de Nacimiento o del Fallecimiento	Ciudad	Condado	4. Sexo
5. Nombre completo del Padre	Primer nombre	Segundo nombre	Apellido
6. Nombre completo de la Madre	Primer nombre	Segundo nombre	Apellido(de Soltera)

Persona Que Solicita el Registro:

7. Nombre del solicitante: _____ 8. Telefono#:(_____) _____

9. Domicilio: _____
 De Correro/PO Box Ciudad Estado Código Postal

10. Relación al Nacido o Fallecido: _____

11. Solicito está:
 Escuela _____ Viajar _____ Empleo _____ Deportes _____
 Servicio Militar _____ Jubilación _____ Seguro _____ Registros _____ Otra (Indique) _____

12. INFORMACION ADICIONAL PARA LAS COPIAS DE FALLECIMIENTO:
 FECHA DE NACIMIENTO: _____ CIUDAD DE NACIMIENTO: _____

LOS EXPEDIENTES DEL NACIMIENTO SON CONFIDENCIALES POR 75 AÑOS Y LOS EXPEDIENTES DE LA MUERTE POR 25 AÑOS;
 POR LO TANTO, LA EMISION ES RESTRICTA

 Firma del solicitante

 Fecha de hoy

**LA PENA POR INFORMACION FALA EN ESTA FORMA RESULTA EN 2-10 AÑOS
 EN LA PENITENCIA Y UNA MULTA HASTA \$10,000. (BAJO CODIGO DE SALUD Y SEGURIDAD, CAPITULO 195.003)**

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE		
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)	SEX	
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.
STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ (Name)
now residing at _____ (Address) (City) (State)
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.
Signature _____
Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

