



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 \$23

CERTIFIED DEATH CERTIFICATES
 _____ Certified Copy - \$21 ea.
 _____ Extra copies of same record x\$4

Please Print Clearly and Legibly

1. Full Name of Person on Record	First Name	Middle Name	Maiden/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:

Grandparent _____ Parent _____ Sibling _____ Spouse _____ Son/Daughter _____ Self _____

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:

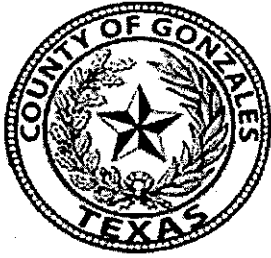
BIRTHDATE: _____ BIRTHPLACE: _____

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**

OFFICE USE ONLY

Certificate # _____

Document Control # _____

Receipt # _____

Amount \$: _____

Cash Check Credit Card

Date: _____

Clerk: _____

NACIMIENTO
Nacimientos solamente de Tejas

_____ Copias Certificadas - \$23

FALLECIMIENTO

_____ Copias Certificadas - \$21 ea.

_____ Copias Adicionales - \$4

Por Favor Imprima Clara y Legiblemente

1. Nombre del Nacido o Fallecido	Primer nombre	Segundo nombre	Apellido (de Soltera)
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:

Abuelos____ Padres____ Hermano____ Esposa/Marido____ Hijo/Hija____ Propio____

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)

