



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

OFFICE USE ONLY

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

## APPLICATION FOR BIRTH OR DEATH RECORD

VALID GOVERNMENT-ISSUED IDENTIFICATION IS REQUIRED ON ALL  
 REQUESTS

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 \_\_\_ Other \_\_\_\_\_

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)**

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>		
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	

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

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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)**