



# VITAL REGISTRAR

## APPLICATION FOR BIRTH OR DEATH CERTIFICATE

2 NORTH MAIN ST., SUITE 103, P.O. BOX 207, TEMPLE, TX 76503  
 254.298.5700 • FAX: 254.298.5637 • CITYSECRETARY@TEMPLETX.GOV

**REQUESTORS:** PLEASE PRINT; INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST.  
**WARNING...** IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO TEN YEARS IMPRISONMENT AND A FINE UP TO \$10,000. (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.003)

### BIRTH CERTIFICATES

\_\_\_\_\_ CERTIFIED COPIES X \$23.00 \_\_\_\_\_

### DEATH CERTIFICATES

\_\_\_\_\_ CERTIFIED COPIES X \$21.00 \_\_\_\_\_  
 \_\_\_\_\_ ADDT'L COPIES X \$4.00 \_\_\_\_\_

### **BIRTH/DEATH RECORD INFORMATION...PLEASE PRINT**

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 or Town	County	State
5. Full Name of Parent 1	First Name	Middle Name	Last Name/Maiden Name
6. Full Name of Parent 2	First Name	Middle Name	Last Name/Maiden Name
Social Security No. of Deceased	Birth Date of Deceased	Birth Place of Deceased	

### **REQUESTOR INFORMATION**

Requestor Name	Telephone #	E-mail Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record ( <i>please note if for passport</i> )	

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*Documents are mailed via regular U.S. Mail. This office is NOT responsible for misdirected mail\*\*\*  
 CHECKS PAYABLE TO CITY OF TEMPLE..... ALL SALES ARE FINAL**

**A COPY OF THE APPLICANT'S PHOTO ID IS REQUIRED FOR PROCESSING**

[Birth Certificate ID Requirements in Texas Brochure](#)  
[Requisitos de identificación para las actas de nacimiento en Texas Brochure](#)

If paying by Credit Card (MASTERCARD, VISA & DISCOVER), provide information below, including billing address for Credit Card holder. Also include ID of Credit card holder if different than purchaser.

<u>CARDHOLDER NAME</u>	<u>ACCOUNT NUMBER &amp; VERIFICATION NO.</u> (3-digit code on back of card in signature area)	<u>EXPIRATION DATE</u>
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<b>OFFICE USE ONLY</b>
Receipt No. _____ Form No. _____ File No. _____ Emp. I.D. _____

# 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 USED WHEN NOTARIZED
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# 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) (Zip)

who is related to the person names in Part I as \_\_\_\_\_ and who on oath deposes and  
(Relationship)  
says that the contents of this affidavit are true and correct.

Applicant's Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL)

SIGNATURE OF NOTARY
COMMISSION EXPIRES
TYPED OR PRINTED NAME
STREET ADDRESS
CITY, STATE, ZIP

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**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, & PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**City Secretary's Office  
Attn: Vital Records  
P.O. Box 207  
Temple, Texas 76503**

**(APPLICATIONS WITHOUT SIGNATURE, SWORN STATEMENT & PHOTO ID WILL NOT BE PROCESSED)**

*Revised 12/2018*