

MICHELLE BONILLA COUNTY CLERK

200 E. UVALDE, SUITE 7, CRYSTAL CITY, TX, 78839

BIRTH OR DEATH CERTIFICATE APPLICATION

A NON-REFUNDABLE SEARCH FEE WILL APPLY FOR ALL RECORDS NOT FOUND

\$10.00 Birth Certificate Search Fee - \$10.00 Death Certificate Search Fee

Health and Safety Code 191.0045 (a) (1), (e) (3)

1. BIRTH

EACH CERTIFIED COPY IS \$23

HOW MANY?

First Name		Middle Name	Last N	ame
Date of Birth		City or Town	County	State
Father's First Nam	e	Middle Name		Last Name
Mother's First Nar	me	Middle Name		Maiden Name
DEATH		FIRST CERTIFIED	-	
ADI First Name	DITIONAL COP	FIRST CERTIFIED PIES OF THE SAME RECORI	-	
ADI First Name Date of Death	DITIONAL COP	PIES OF THE SAME RECORI	D ARE \$3 EACH	
First Name		PIES OF THE SAME RECORI	D ARE \$3 EACH	ame

What is your relationship to the person on the record? _____

State your reason for obtaining certificate (PLEASE BE SPECIFIC):_

Signature of Applicant

If mailed, please include a legible photocopy of your valid Government Issued ID, sworn statement, a self-addressed stamped envelope and a check or money order made payable to:

Address of Applicant

Phone Number

Mail to: MICHELLE BONILLA, COUNTY CLERK 200 E. UVALDE, Suite 7 CRYSTAL CITY, TX 78839

*All mail requests are completed within 72 hours from time

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

OFFICE USE ONLY

Date issued

Issued to:

Type of I. D._____ Clerk Initials _____ Security Paper #_____ Clerk Initials _____