



MICHELLE B. URRABAZO
 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? _____

2.	First Name	Middle Name	Last Name	
3.	Date of Birth	City or Town	County	State
4.	Father's First Name	Middle Name	Last Name	
5.	Mother's First Name	Middle Name	Maiden Name	

**1. DEATH FIRST CERTIFIED COPY IS \$20
 ADDITIONAL COPIES OF THE SAME RECORD ARE \$3 EACH HOW MANY? _____**

2.	First Name	Middle Name	Last Name	
3.	Date of Death	City or Town	County	State
4.	Father's First Name	Middle Name	Last Name	
5.	Mother's First Name	Middle Name	Maiden Name	

PLEASE PRINT

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

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

 Signature of Applicant

 Address of Applicant

 Phone Number

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:

Mail to:
MICHELLE B. URRABAZO , 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

Issued to: _____ Date issued _____

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