DIANE DAY
AUSTIN COUNTY CLERK
APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

PLEASE PRINT

_____ Long Form (Austin County Only) $23.00 each

_____ Short Form (Other Counties) $23.00 each

_____ Texas Home Visiting $5.00

****CASH, MONEY ORDER OR CARD ONLY****

Information at Birth

1. **NAME AT BIRTH** _____
   (NOMBRE EN EL NACIMIENTO) FIRST MIDDLE LAST
2. **DATE OF BIRTH**_____ MALE_____ FEMALE _____
   (FECHA DE NACIMIENTO)
3. **PLACE OF BIRTH** _____
   LUGAR DEL NACIMIENTO CIUDAD CITY CONDADO COUNTY
4. **FATHER'S NAME** _____
   PADRE FIRST MIDDLE LAST
5. **MOTHER'S NAME** _____
   MADRE FIRST MIDDLE MAIDEN NAME

Current Information

6. **APPLICANT'S NAME** _____
   NOMBRE
7. **DAY TIME TELEPHONE #** (_____) _____
   TELEFONO #
8. **MAILING ADDRESS** _____
   SU DIRECCION STREET CITY STATE ZIP
9. **RELATIONSHIP TO PERSON NAMED IN ITEM # 1** _____
   RELACION A LA PERSONA
10. **PURPOSE FOR OBTAINING RECORD** _____
    RAZON DE CONSEGUIR DE REGISTRO

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)

X _____ _____

SIGNATURE OF APPLICANT / FIRMA **DATE / FECHA**

OFFICE USE ONLY

CERTIFICATE NO._____ **ISSUERS NAME** _____

TYPE OF I.D. GIVEN _____

**** ATTACH A COPY OF APPLICANT'S IDENTIFICATION**