



TEXAS
Health and Human
Services

Texas Department of State
Health Services

OFFICE USE ONLY CHECK MONEY ORDER
DATE _____ AMOUNT \$ _____
DOCUMENT CONTROL # _____

MAIL APPLICATION FOR BIRTH RECORD

PLEASE PRINT CLEARLY.

INCLUDE A PHOTOCOPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name, Suffix): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Your relationship to Person on Certificate (Check One): Self Child Parent Spouse Sibling
 Grandparent Legal Guardian (proof required) Legal Representative (proof required) Other _____

I authorize mailing to the address below instead of my mailing address listed above.

Name: _____

Address to Send to if different than noted above: _____ City: _____ State: _____ Zip Code: _____

Reason for Request:
 Newborn Travel/ Passport Records School Insurance Other: _____

Step 2: INFORMATION FOR PERSON NAMED ON BIRTH RECORD (Must be completed to Identify Record Request)

FULL NAME ON RECORD: First Name _____ Middle Name _____ Last Name _____

DATE OF BIRTH: Month _____ Day _____ Year _____ SEX: _____

PLACE OF BIRTH: City or Town _____ County _____ **TEXAS ONLY**

FULL NAME OF PARENT 1: First Name: _____ Middle Name _____ Maiden Last Name (Before 1st marriage) _____

FULL NAME OF PARENT 2: First Name: _____ Middle Name _____ Maiden Last Name (Before 1st marriage) _____

Step 3: COST & FEES

Step 4: AFFIDAVIT (NOTARY SECTION)

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> Long Form Birth Certificate (Travel/Passport)		x \$23.00	\$
<input type="checkbox"/> Short Form Birth Certificate (General Use)		x \$23.00	\$

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (Date)

By: _____ (Printed Name of applicant acknowledging)

(Notary Public's Signature)

(Personalized Seal)

PAYABLE BY CERTIFIED CHECK OR MONEY ORDER ONLY
MAIL PAYMENT AND APPLICATION TO:
GRAY COUNTY CLERK
PO BOX 1902
PAMPA, TX 79066-1902

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 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____

Date Signed _____