

McLennan County Public Health District

Vital Statistics Division 225 West Waco Drive Waco, TX 76707 (254) 750-5462

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APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE-TEXAS ONLY

CERTIFIED □ BIRTH CERTIFICATE Available for Texas Births			Lines Below Office Use Only		CERTIFIED DEATH CERTIFICATE Must have occurred inside Waco city limits		
Short Form \$23.00 X = \$			Certificate #		Certified Copy x \$21.00 = \$		
Long Form \$23.00 X = \$			Paper #		Extra Certified Copies x\$ 4.00 = \$		
*Long form available for Waco births ONLY			Paper #		Total Amount Due \$		
Total Amount Due \$			Receipt #				
* <u>MAIL</u> Request <u>\$10.00</u> fee to Expedite			Issued by		*MAIL Request <u>\$10.00</u> fee to Expedite		
PLEASE PRINT							
1.	Name on Record	First Name		Middle Name	e Last Name (at birth)		
2.	For Birth Record Date of Birth	Month		Day	Year	Sex: □ Male	
3.	For Death Record	Month		Day	Year	□ Female	
4.	Place of Birth or Death	City of Town		County	State:	State: TEXAS only	
5.	Father	First Name		Middle Name	Last Name		
6.	Mother	First Name		Middle Name	MAIDEN Name		
7. Applicant (YOUR NAME):8. Telephone (Daytime) #()							
9. Mailing Address:							
STREET ADDRESS CITY 10. Email Address (for Mail-In, Email or Fax request)						STATE ZIP	
11. Your relationship to the person named in item #1 above:							
12. Purpose for obtaining this record: Check One Travel School ID Passport Insurance Job Genealogy Other							
13. A Copy of your ID MUST be attached to Email, Fax or Mail-In Request							
For any search of the files where a record is <u>not</u> found the searching fee is <u>NON-REFUNDABLE or TRANSFERABLE.</u> **LONG FORM must be requested BEFORE payment is made. **							
SIGNATURE OF APPLICANT DATE							
IN	DENTIFICATION 7	ГҮРЕ	(Driver	license, ID Card, etc.)			
Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (items 1-8), relationship (items 11), and purpose (items 12) be provided in order to issue the record							

Fees are subject to change without notice.

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