

PASSPORT APPLICANTS: YOU MAY NEED TO OBTAIN A CERTIFIED COPY OF YOUR BIRTH CERTIFICATE (LONG FORM) FROM YOUR COUNTY OF BIRTH OR FROM THE BUREAU OF VITAL STATISTICS OFFICE AT AUSTIN.

(We can issue you an abstract of birth, but it depends on the passport office whether or not they accept it. If you purchase the abstract, you take it at the risk of it not being accepted by the passport agency and your money will not be refunded if it is not accepted)

CASH, CHECK OR CREDIT CARD

APPLICATION FOR CERTIFIED COPY OF BIRTH IN TEXAS

How many? _____
Cost: \$ 23.00 (Each)

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

NAME ON RECORD: _____
FIRST MIDDLE LAST (AT TIME OF BIRTH)

DATE OF BIRTH: _____
MONTH DAY YEAR

PLACE OF BIRTH: _____
CITY COUNTY STATE

FATHER'S NAME: _____
FIRST MIDDLE LAST

MOTHER'S NAME: _____
FIRST MIDDLE MAIDEN NAME

APPLICANT: _____ TELEPHONE: _____
(YOUR NAME)

MAILING ADDRESS: _____

RELATIONSHIP TO PERSON ON RECORD: _____

Self, Father (when listed on the record; if not listed, has a court order stating he is the father), **Mother, Grandparent, Brother, Sister, Husband, Wife, Legal Guardian** (a copy of the guardianship papers is required as proof), **Legal Representative** (document from the qualified applicant needed.)

PURPOSE FOR OBTAINING COPY OF THIS CERTIFICATE:

Driver's License: _____ Employment: _____ Housing: _____ Identification: _____ Immigration: _____ Insurance: _____
Medicare/Medicaid: _____ Military: _____ Passport (see top of page): _____ School: _____ Social Security: _____
Sports: _____ Travel: _____ Veteran: _____ Book copy: _____ Records: _____ Other (please specify): _____

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 & Safety Code, Chapter 195, Sec. 195-003).

Signature of Applicant

Date

REQUEST **WILL NOT** BE PROCESSED WITHOUT IDENTIFICATION

ERATH COUNTY CLERK'S OFFICE USE ONLY:

Local # _____ State # _____ Staff ID: _____ Paid: _____