



# City of Texarkana, TX Vital Statistics

Mail this completed application, payment and photocopy of your valid US photo ID to:  
City of Texarkana Texas Vital Statistics Office – 220 Texas Blvd. - Texarkana, TX 75501  
Phone: 903-798-3900 Fax: 903-798-1757

**\*\*We are not responsible for lost or misdirected mail \*\***

## Application for BIRTH CERTIFICATE

### INSTRUCTIONS

**Read all instruction carefully before completing the application.**

- A photocopy of your Valid ID **MUST** be mailed in with this application.
- \*Your signature is required and indicates that the information given is true and correct, under penalty of law.

<b>APPLICANT:</b>		<b>VALID I.D. IS REQUIRED</b>	<b>Please Print</b>	
Your Name (Person completing form)		Your Relation to Person on Certificate: <b>Self</b> <i>Proof required for the following relationship: Child, Spouse, Parent, Brother/Sister, Grandparent, Legal Guardian, Legal Representative</i>		
Your Mailing Address		City	State	Zip Code
Phone Number	<b>Purpose for Certificate:</b> Newborn, Travel/Passport, Drivers License/ID, School/Sports, Job, Insurance, Records, Legal	<b>*Your Signature</b>		Date Signed

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR 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)**

## **BIRTH** \$23 FOR EACH CERTIFICATE / ADD \$2 MORE FOR MAIL IN REQUEST NUMBER OF CERTIFICATES \_\_\_\_\_

Full Name on Birth Certificate (First, Middle, Last)		Sex	Date of Birth
City of Birth	County of Birth	<b>TEXAS BIRTHS ONLY</b>	
Father/Parent's First Name	Middle Name	Last Name	
Mother/Parent's First Name	Middle Name	Mother <b>Maiden</b> Name	

To your knowledge, has there ever been a name change or amendment filed to this certificate? Yes / No

Is the Certificate Holder still living? Yes / No

## **MAIL APPLICANTS MUST COMPLETE THIS SECTION IN FRONT OF A NOTARY**

\_\_\_\_\_ personally appeared before me and being first duly sworn, declared that he/she has filled out the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.

(Printed name of **Applicant**)

Signature of applicant: \_\_\_\_\_

Signed and affirmed in my presence on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (seal)

Notary Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires: \_\_\_\_\_

REV 04/12/2021 rb

<b>For Office Use Only:</b> ID / DL	Issued By:	Receipt No:	Pay Type: CA CK MO Card	Poly Env: YES NO
Local Database Count: YES N/A	Mail Date:	Verified Mail Before Shipping	Mail Log: YES Received / YES Completed	
Security Paper No: Long /Short	File No:	NOTES:	Application Log: YES	