



Office of the City Clerk
 Vital Statistic Division
 630 E. Hopkins St.
 San Marcos, TX 78666

APPLICATION FOR BIRTH **OR** DEATH RECORD

**VALID GOVERNMENT-ISSUED
 IDENTIFICATION IS REQUIRED ON
 ALL REQUESTS**

OFFICE USE ONLY		
REGISTRAR'S #	_____	
RMT #	_____	
DATE	_____	
RECEIPT #	_____	
AMOUNT \$	_____	
Cash	Check	Credit Card
CLERK	_____	

CERTIFIED BIRTH CERTIFICATES	
Texas Birth ONLY	
____ Long Form Full Reproduction	\$23.00
(CITY OF SAN MARCOS BIRTHS ONLY)	
____ Short Form Abstract	\$23.00
(AVAILABLE FOR MOST TEXAS BIRTHS)	
TOTAL ENCLOSED = _____	

CERTIFIED DEATH CERTIFICATES	
____ Certified Copy	\$21.00
____ Extra copies of the same record	\$ 4.00
TOTAL ENCLOSED = _____	

Note: A search fee of \$23.00 is retained under Texas Administrative Code Rule§ 181.22
• If NO Record is found

PLEASE PRINT CLEARLY AND LEGIBLY

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth OR Death	Month	Day	Year
3. Gender	M / F		
4. Place of Birth OR Death	City	County	
5. Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
6. Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

Person Applying for Record:

7. YOUR NAME: _____ 8. TELEPHONE # () _____
 (Mon-Fri 8:00 A.M. – 5:00 P.M.)

9. MAILING ADDRESS: _____
 Street Address/P.O. Box City State Zip

10. RELATIONSHIP TO PERSON ON RECORD: _____

11. PURPOSE FOR OBTAINING THIS RECORD:
 Driver's License/ID ___ SS ___ Housing ___ School ___ Sports ___ Passports ___ Military Service ___ Retirement ___
 Insurance ___ Records ___ Other (Please Specify) _____

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.

12. FOR DEATH CERTIFICATE ADDITIONAL IDENTIFYING INFORMATION IS REQUIRED:

BIRTHDATE: _____ BIRTHPLACE: _____

**BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS;
 THEREFORE, ISSUANCE IS RESTRICTED**

 Applicant's Signature

 Date of Application

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)