

*How do I obtain a Certified copy of a Birth Certificate?*

*How do I obtain a Certified copy of a Death Certificate?*

**RESTRICTIONS ON WHO MAY APPLY – The State of Texas has restrictions on who may apply for Certificates.**

- 1) The individual
- 2) Immediate Family
  - a. Parent
  - b. Grandparent
  - c. Sibling
  - d. Child
  - e. Grandchild

1. Fully complete and sign the form below
2. Provide a legible copy of your Driver's License or Government Issued Photo ID
3. Return form to City of Canyon w/ payment
  - a. Birth Certificate \$22/copy
  - b. Death Certificate \$20 for 1<sup>st</sup> copy and \$3 for each additional copy per request
    - i. 301 16<sup>th</sup> St; Canyon, TX 79015 or fax to 806-655-5044 and call 806-655-5003 w/ payment information (MasterCard or Visa only)



301 16th St  
Canyon, TX 79015  
806-655-5003  
806-655-5044 fax



TEXAS  
Department of State Health Services

P.O. Box 12040, Austin, TX 78711  
512-458-7111

### APPLICATION FOR BIRTH OR DEATH RECORD

<b>BIRTH</b>	<input type="checkbox"/>
# REQUESTED	
CERTIFIED COPIES	
_____ X \$22.00 = _____	

<b>DEATH</b>	<input type="checkbox"/>
# REQUESTED	
CERTIFIED COPIES	
_____ X \$20.00 = _____	
EXTRA COPIES OF SAME RECORD	
_____ X \$3.00 = _____	

PLEASE PRINT  
See reverse for Instructions

1. Full Name of Person on Record	First Name	Middle Name	Last Name (Maiden)
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Last Name

7. Your Name: \_\_\_\_\_ 8. Telephone # ( ) \_\_\_\_\_  
(MON-FRI 8:00 A.M. - 5:00 P.M.)

9. Mailing Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE Z

10. Relationship to person named in Item 1: \_\_\_\_\_

11. Purpose for obtain this Record: \_\_\_\_\_

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12. Additional Identifying Information for DEATH Certificate ONLY

Social Security Number of Deceased \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth Place, Etc. \_\_\_\_\_

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13. If certified copy is to be mailed to some other person, please complete:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

OFFICE USE ONLY	
IDENTIFICATION TYPE (DRIVER'S LICENSE, ID CARD, ETC.) _____	NUMBER ON ID _____

**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)**  
Instructions for Application for Certified Copy of a Birth or Death Record

VS-141.3 5/2000

- \* Fees are subject to change without notice. For any search where the record is not found, the searching fee is non-refundable or transferable.
- \* Birth records are confidential for five (5) years and death records are confidential for 25 years; therefore, issuance is restricted.
- \* Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 10) and purpose (Item 11) be provided in order to issue the record.
- \* Check the appropriate box for either a birth or death record and indicate the number of records requested.

Item 1 Full Name of Person on Record - Enter the full name of the person shown on the record being requested.

Item 2 Date of Birth or Death - enter the exact date of birth or death. If the exact date of death is not known, enter the date the person was last know to be alive.

Item 3 Sex - Enter male or female.

Item 4 Place of Birth or Death - Enter the name of the City or County in which the birth or death occurred. If the exact place of death is not known, enter the last address know when the person was alive.

Item 5 Full Name of Father - Enter the full name of the father of the person shown on the record

Item 6 Full Maiden Name of Mother - Enter the full maiden name of the mother of the person shown on the record.

Item 7 Your Name - Enter your full name

Item 8 Telephone - Enter your telephone number with area code where you can be reached between the hours if 8:00 a.m. and 5:00 p.m., Monday - Friday.

Item 9 Mailing Address - Enter your complete, current mailing address.

Item 10 Relationship to Person Named in Item 1 - Enter how you are related to the person whose record you are requesting.

Item 11 Purpose for Obtaining this Record - Enter the reason or purpose for which you are requesting this record.

Item 12 Additional Identifying Information for Death Certificate - The following additional informatin assists our staff in positively identifying a record when exact dates, places and spelling of the

Item 13 If certified copy is to be mailed to some other person, please complete - Enter the complete current mailing address of the person who is to be mailed the certified copy(ies), if other than yourself.

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