

**STACEY KEMP, COUNTY CLERK**  
**Application for Certified Copy of Birth or Death Certificate**

**BIRTH** - \$23.00 Each  
NUMBER REQUESTED \_\_\_\_\_

**DEATH** - NUMBER REQUESTED \_\_\_\_\_  
\_\_\_\_\_ \$21.00 1<sup>st</sup> Certified Copy  
\_\_\_\_\_ \$ 4.00 each additional copy ordered at this time

Full name on record: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Date of Birth or Death: \_\_\_\_\_ County of Birth or Death: \_\_\_\_\_

Father/Parent 1: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Mother/Parent 2: \_\_\_\_\_  
                                    First                                    Middle                                    Last (Maiden)

Applicant's Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

Relationship to person named on certificate: \_\_\_\_\_

Purpose for obtaining copy of certificate: Please check all that apply.

Driver License       Housing       Insurance       Records  
 School       Social Security       Travel       Veterans       Welfare

**Passport NOTE: By checking this box, I understand that this birth certificate may not be accepted by the Passport office.**

Other, please specify: \_\_\_\_\_

**NOTICE:** Providing false information on this application is a violation of the law and may lead to fine or imprisonment, or both. The person to whom any certified copy of Birth or Death Record is issued must be a properly qualified applicant. The applicant must have a direct and tangible interest in the record and further, should have a significant legal relationship to the person whose record is requested. The purpose for which the certified copy is needed and the relationship of the applicant to the registrant is essential to determination as to whether or not the person making the request is a properly qualified applicant. (Health and Safety Code, Chapter 678, Sec. 196.003)

Witness my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

THE STATE OF \_\_\_\_\_ }

COUNTY OF \_\_\_\_\_ }

BEFORE ME, \_\_\_\_\_,  
in and for said County and State, on this day personally appeared

(SEAL)

\_\_\_\_\_  
known to me to be the person(s) whose name subscribed to the foregoing  
instrument, and acknowledged to me that he/she/they executed the same  
for the purpose therein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Mail this application, payment and a legible photocopy of your VALID Government Issued Photo ID.  
**If payee is different from applicant, you must submit a copy of the Valid ID of BOTH parties.**  
**REQUEST WILL NOT BE PROCESSED WITHOUT ID INFORMATION**

2300 Bloomdale Road, Suite 2106  
McKinney, TX 75071  
972.548.4185

900 East Park Boulevard, Suite 140A  
Plano, TX 75074  
972.881.3025/3029

Questions: [ctyclerks@collincountytx.gov](mailto:ctyclerks@collincountytx.gov)

**OFFICE USE ONLY**

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Check \_\_\_\_\_ Cash \_\_\_\_\_

Austin File No. \_\_\_\_\_ Security Paper \_\_\_\_\_

Money Order \_\_\_\_\_ Debit/Credit Card \_\_\_\_\_