STACEY KEMP, COUNTY CLERK

Application for Certified Copy of Birth or Death Certificate

BIRTH - $23.00 Each
NUMBER REQUESTED _____

DEATH - NUMBER REQUESTED
____$21.00 1st Certified Copy
____$ 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, _____, **(SEAL)**
in and for said County and State, on this day personally appeared

_____,
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 140C
Plano, TX 75074
972.881.3025/3029

Questions: ctyclerks@collincountytx.gov

OFFICE USE ONLY

Volume_____ Page_____ Check_____ Cash_____

Austin File No._____ Security Paper_____ Money Order_____ Debit/Credit Card _____

COLLIN COUNTY CLERK