STACEY KEMP, COUNTY CLERK
APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

2300 Bloomdale Road, Suite 2106
McKinney, TX 75071
questions:ctyclerks@collincountytx.gov
972.548.4185

900 East Park Boulevard, Suite 140C
Plano, TX 75074
questions:ctyclerks@collincountytx.gov
972.881.3025/3029

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 ____Passport ____Records
____School ____Social Security ____Travel ____Veterans ____Welfare

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)

_____ _____
Signature of Applicant Date

ID#_____ D/O/B_____ Expiration_____
(Driver's license, Passport, ID, Etc.)

OFFICE USE ONLY

Volume_____ Page_____ Check_____ Cash_____

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