



## STACEY KEMP, COUNTY CLERK

2300 Bloomdale Road, Ste. 2106

McKinney, TX 75071

972-548-4185 ctyclerks@collincountytx.gov

### INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR BIRTH OR DEATH CERTIFICATE

PLEASE READ INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS CAREFULLY.

**RECORDS FROM ANY STATE OTHER THAN TEXAS CANNOT BE ISSUED.**

**Properly Qualified Applicant (Qualified Applicant):** Only a qualified applicant may obtain a birth or death record. A qualified applicant is defined by Texas Administrative Code Title 25 Chapter 181.1 (21) as *the registrant, or immediate family member either by blood, marriage or adoption, his or her guardian, or his or her legal agent or representative. Local, state and federal law enforcement or governmental agencies and other persons may be designated as properly qualified applicants by demonstrating a direct and tangible interest in the record when the information in the record is necessary to implement a statutory provision or to protect a personal legal property right.*

#### Application for a Texas BIRTH Certificate

- ✓ Complete all fields in the section labeled BIRTH.
- ✓ Enter the number of certificates you are requesting.
- ✓ Enter your relationship to the person named on the record.
- ✓ Enter the specific reason you are requesting the record.
- ✓ Enter your printed name.
- ✓ Enter your address.
- ✓ Enter your valid phone number where you can be reached during the day.
- ✓ Sign the application.
- ✓ Applicant's VALID government-issued photo ID is required.
- ✓ Only certified copies will be issued.
- ✓ Certified copies of birth records are \$23.00 each.

**Important note: If the record you are requesting is not a Collin County birth, you will receive an abstract or short-form copy. Abstract copies may not be suitable for all purposes. Please verify the type of birth record you need before submitting your request.**

#### Application for a Texas DEATH Certificate

- ✓ Complete all fields in the section labeled DEATH.
- ✓ Enter the number of certificates you are requesting.
- ✓ Enter your relationship to the person named on the record.
- ✓ Enter the specific reason you are requesting the record.
- ✓ Enter your printed name.
- ✓ Enter your address.
- ✓ Enter your valid phone number where you can be reached during the day.
- ✓ Sign the application.
- ✓ Applicant's VALID government issued photo ID is required.
- ✓ Only certified copies will be issued.
- ✓ Certified copies of death records are \$21.00 for the first copy and \$4.00 for each additional copy of the same record purchased at the same time.

The Collin County Clerk accepts cash, checks and all major credit/debit cards.

A credit/debit card processing fee (\$1.00 minimum) will apply to all credit/debit transactions.

**ALL APPLICATIONS RECEIVED BY MAIL MUST INCLUDE THE NOTARIZED SWORN STATEMENT, A LEGIBLE PHOTOCOPY OF THE APPLICANT'S VALID GOVERNMENT-ISSUED PHOTO ID AND A CHECK OR MONEY ORDER FOR THE TOTAL AMOUNT DUE MADE PAYABLE TO:  
STACEY KEMP, COLLIN COUNTY CLERK**

**APPLICATIONS RECEIVED WITHOUT THIS INFORMATION WILL NOT BE PROCESSED.**



**Stacey Kemp, County Clerk**

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Applicant understands an Abstract Birth Certificate may not be suitable for passport or other purposes.  
**REFUNDS WILL NOT BE ISSUED.**  
Initials: \_\_\_\_\_

**APPLICATION FOR BIRTH OR DEATH CERTIFICATE**

PLEASE READ INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS CAREFULLY.

<b>BIRTH</b>	<b>CERTIFIED COPY \$23.00 EACH</b>	<b>QUANTITY REQUESTED _____</b>
First Name (Name on Record)	Middle Name	Last Name
Date of Birth	City of Birth	County of Birth
<b>Parent 1</b> - First Name	Middle Name	Last Name Before 1 <sup>st</sup> Marriage
<b>Parent 2</b> - First Name	Middle Name	Last Name Before 1 <sup>st</sup> Marriage
<b>DEATH</b>	<b>FIRST CERTIFIED COPY \$21.00 EACH</b>	<b>QUANTITY REQUESTED _____</b>
<b>Additional certified copies of same record obtained at same time are \$4.00 each.</b>		
First Name (Name on Record)	Middle Name	Last Name
Date of Death	City of Death	County of Death
<b>Parent 1</b> - First Name	Middle Name	Last Name Before 1 <sup>st</sup> Marriage
<b>Parent 2</b> - First Name	Middle Name	Last Name Before 1 <sup>st</sup> Marriage

Your Relationship to Person Named on Record: \_\_\_\_\_

Specific Reason for Requesting Record(s): \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

If application is mailed, you must include the notarized sworn statement, a legible photocopy of your valid government-issued photo ID, and a check or money order for the total amount due made payable to:  
**Stacey Kemp, Collin County Clerk**  
mail to:  
2300 Bloomdale Road, Suite 2106  
McKinney, TX 75071

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM MAY BE PUNISHABLE BY 2 – 10 YEARS IN PRISON AND A FINE UP TO \$10,000 (Health and Safety 195.003)**

<b>OFFICE USE ONLY</b>	
Record Issued To _____	Date Issued _____
Type and Number of ID Presented _____	Security Paper No. _____
Record Issued By _____	Payment Type _____



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**SWORN STATEMENT**

Complete and sign this statement in the presence of a Notary Public.

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of Texas that I am an authorized person as defined in Texas Administration Code Title 25 Chapter 181.1 (21), and am eligible to receive a certified copy of the birth or death certificate for the following individual(s):

Full Name of Person on Record:

Date of Birth/Death:

\_\_\_\_\_

Full Name of Applicant and Relationship to Person on Record:

\_\_\_\_\_

Identification Type and Number Presented to Notary:

\_\_\_\_\_

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

**CERTIFICATE OF ACKNOWLEDGMENT**

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

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

Before me, \_\_\_\_\_, in and for said State and County, on this day personally appeared \_\_\_\_\_ to be the person whose name I subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

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

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

(Seal)

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