



McLennan County Public Health District  
 Vital Statistics Division  
 225 West Waco Drive  
 Waco, TX 76707  
 (254) 750-5462

Email address: Registrar@WacoTX.gov

Fax Number: (254) 750-5455

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE-TEXAS ONLY**

**CERTIFIED**

**BIRTH CERTIFICATE**  
 Available for Texas Births

Short Form \$23.00 X \_\_\_\_\_ = \$ \_\_\_\_\_

Long Form \$23.00 X \_\_\_\_\_ = \$ \_\_\_\_\_

\*Long form available for **Waco births ONLY**

Total Amount Due \$ \_\_\_\_\_

\***MAIL Request \$10.00 fee to Expedite**

Lines Below  
Office Use Only

Certificate # \_\_\_\_\_

Paper # \_\_\_\_\_

Paper # \_\_\_\_\_

Receipt # \_\_\_\_\_

Issued by \_\_\_\_\_

**CERTIFIED**

**DEATH CERTIFICATE**  
 Must have occurred inside Waco city limits

Certified Copy x \_\_\_\_\_ \$21.00 = \$ \_\_\_\_\_

Extra Certified Copies x \_\_\_\_\_ \$ 4.00 = \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

\***MAIL Request \$10.00 fee to Expedite**

PLEASE PRINT

<b>1. Name on Record</b>	First Name	Middle Name	Last Name	
<b>2. For Birth Record</b>	Month	Day	Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth</b>				
<b>3. For Death Record</b>	Month	Day	Year	
<b>Date of Death</b>				
<b>4. Place of Birth or Death</b>	City of Town	County	State: <b>TEXAS only</b>	
<b>5. Father</b>	First Name	Middle Name	Last Name	
<b>6. Mother</b>	First Name	Middle Name	MAIDEN Name	

7. **Applicant (YOUR NAME):** \_\_\_\_\_ 8. Telephone (Daytime) #( ) \_\_\_\_\_

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

10. Email Address (for Mail-In, Email or Fax request) \_\_\_\_\_ @ \_\_\_\_\_

11. Your relationship to the person named in item #1 above: \_\_\_\_\_

12. Purpose for obtaining this record: Check One  Travel  School  ID  Passport  Insurance  Job  Genealogy  Other \_\_\_\_\_

13. **A Copy of your ID MUST be attached to Email, Fax or Mail-In Request**

**For any search of the files where a record is not found the searching fee is NON-REFUNDABLE or TRANSFERABLE.**

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

IDENTIFICATION TYPE \_\_\_\_\_ (Driver license, ID Card, etc.)

Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (items 1-8), relationship (item 11), and purpose (item 12) be provided in order to issue the record. Fees are subject to change without notice.

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT CAN BE 2-10 YRS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC.195.003).**

## NOTARIZED PROOF OF IDENTIFICATION

<b>Part I. Enter Name, Date and Place Of Birth/Death, and Names of Parents as Information Appears on Birth/Death Certificate</b>			
Full name of person on record:		Date of birth/death:	
Place of birth/death: (City or County):		Sex:	
Full name of parent 1:		Full name of parent 2:	

<b>Part II: Enter Relationship to Person on Record and the Type of ID Used</b>	
Name and Relationship to Person on Record	Type and Number of ID Accepted when Notarized

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>Part III: This Section Must Be Signed in the Presence of a Notary Public</b>	
State of _____	
County of _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named on Part I as _____ and who on oath deposes and	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	

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

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip

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**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID ID TO:  
Waco McLennan County Public Health District  
Vital Statistics  
225 West Waco Drive  
Waco, TX 76707**

**APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED.**