

WACO McLENNAN COUNTY PUBLIC HEALTH DISTRICT

225 W. Waco Drive, Waco, Texas 76707

www.Waco-Texas.com

E-mail: Registrar@WacoTx.gov Phone: 254-750-5462 Fax: 254-750-5455

APPLICATION FOR CERTIFIED BIRTH or CERTIFIED DEATH RECORD – TEXAS ONLY

A VALID STATE ID OR DRIVERS LICENSE IS REQUIRED TO PROCESS YOUR APPLICATION

LONG FORM BIRTH CERTIFICATES (WACO BIRTHS ONLY) MUST BE REQUESTED BEFORE PAYMENT IS MADE

CHOOSE ONE: **BIRTH CERTIFICATE** **DEATH CERTIFICATE**

Full Name of Person on Record: _____
 First Name Middle Name Maiden Name/Last Name

Date of Birth / Death: _____
 Month Day Year Gender/Sex: Male Female

Place of Birth / Death: _____
 City or Town County State

Full Name of Parent 1: _____
 First Name Middle Name Last Name/Maiden Last Name

Full Name of Parent 2: _____
 First Name Middle Name Last Name/Maiden Last Name

Applicant's Name: _____
 (YOU) First Name Middle Name Last Name

Address: _____ Phone: _____
 Street Address City State Zip

Choose One:
 Relationship to person on record: Self Parent Grandparent/Grandchild Son/Daughter Brother/Sister Spouse Other/Notarized
Choose One:
 Purpose for obtaining this record: School ID Insurance Passport Lost/Stolen Other: _____
 (Please Specify)

BIRTH Certificates	Cost per Certificate	Number of Certificates
Long Form: <ul style="list-style-type: none"> • Waco births only • Necessary for Passport • Most detailed birth record 	\$23.00	
Abstract: <ul style="list-style-type: none"> • Least detailed birth record 	\$23.00	

DEATH Certificates	Cost per Certificate	Number of Certificates
1 st Certificate	\$21.00	
Additional Certificates	\$4.00	

I AM AWARE THAT THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN RESULT IN 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003). I FURTHER UNDERSTAND THAT FOR ANY SEARCH OF THE FILES WHERE A RECORD IS NOT FOUND, THE SEARCH FEE OF \$23.00 IS NOT REFUNDABLE OR TRANSFERABLE.

APPLICANT'S SIGNATURE: _____ **DATE OF APPLICATION:** _____

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, relationship item, and purpose are provided in order to issue the record.

FOR OFFICE USE ONLY:

File #: _____ Paper #: _____ Receipt #: _____ Issued by: _____

NOTARIZED PROOF OF IDENTIFICATION

Part I. Enter Name, Date and Place Of Birth/Death, and Names of Parents as Information Appears on Birth/Death Certificate			
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:	
Part II: Enter Relationship to Person on Record and the Type of ID Used			
Name and Relationship to Person on Record		Type and Number of ID Accepted when Notarized	

AFFIDAVIT OF PERSONAL KNOWLEDGE

Part III: This Section Must Be Signed in the Presence of a Notary Public
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 of APPLICANT _____
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

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 IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH & SAFETY CODE 195, SEC. 195.003)

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.