



**WACO McLENNAN COUNTY PUBLIC HEALTH DISTRICT**

225 W. Waco Drive, Waco, Texas 76707

[www.Waco-Texas.com](http://www.Waco-Texas.com)

E-mail: [Registrar@WacoTx.gov](mailto: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**

**PLEASE MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO THE CITY OF WACO (C.O.W)**

**CHOOSE ONE:** **BIRTH CERTIFICATE** **DEATH CERTIFICATE** SOCIAL SECURITY # OF DECEDENT: \_\_\_\_\_  
(DEATH CERTIFICATE ONLY)

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:

Street Address City State Zip Telephone: \_\_\_\_\_

**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"> <li>Waco births only</li> <li>Necessary for Passport</li> <li>Most detailed birth record</li> </ul>	\$23.00	
Abstract: <ul style="list-style-type: none"> <li>Least detailed birth record</li> </ul>	\$23.00	

DEATH Certificates	Cost per Certificate	Number of Certificates
1 <sup>st</sup> Certificate	\$21.00	
Additional Certificates	\$4.00	

**EXPEDITED FEE: \$10.00**  Please check box for Expedited Service for **Mail-In Applications ONLY**

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

<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 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.**