

**OFFICE USE ONLY**

Cert. # \_\_\_\_\_

Vol. \_\_\_\_\_ # \_\_\_\_\_ Copies \_\_\_\_\_

Date Issued \_\_\_\_\_ By \_\_\_\_\_

**CALDWELL COUNTY CLERK**

**Teresa Rodriguez**

1703 S. Colorado St. Ste. 1200

Box 1

Lockhart, Texas 78644

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**

*Non-refundable*

BIRTH \$23 ea. \_\_\_\_\_ DEATH \$21 ea. \_\_\_\_\_ *additional copies of same Death Cert. \$4 ea. \_\_\_\_\_*

**PLEASE PRINT. INCLUDE PHOTOCOPY OF YOUR VALID PHOTO ID.**

<b>1. Full Name of person on record</b>	First name	Middle name	Last name <i>(Birth Name)</i>
<b>2. Date of Birth or Death</b>	Month, day, year <i>(Birth date)</i>	<i>(Death date)</i>	Sex <b>M / F</b>
<b>3. Place of Birth or Death</b>	City	County	State
<b>4. Father's Name</b>	First name	Middle name	Last name
<b>5. Mother's Maiden Name</b>	First name	Middle name	Mother's Maiden name

Applicant's Name: \_\_\_\_\_ Relationship to Person in Item #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

ID Type & # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose for obtaining this record: Drivers License/ID \_\_\_ SS \_\_\_ Housing \_\_\_ School \_\_\_ Sports \_\_\_  
Passport \_\_\_ Veterans \_\_\_ Records \_\_\_ Insurance \_\_\_ Welfare \_\_\_ Other \_\_\_\_\_

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH & SAFETY CODE CHAPTER 195. SEC. 195.003)

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

\_\_\_\_\_  
*Date*

*NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., self, immediate family member, legal guardian, legal agent. Fees are non-refundable.*

**Make check or money order payable to: CALDWELL COUNTY CLERK**

**If ordering by mail, send \$5.00 non-refundable search fee with a self-addressed stamped envelope with application, copy of id and payment.**

Info: Texas Bureau of Vital Statistics, Department of State Health Services, 1100 West 49<sup>th</sup> Street, Austin, Texas  
Phone (512) 458-7111 *mailing address* Texas Bureau of Vital Statistics P.O. Box 149347 Austin, TX 78714-9347  
[www.TexasOnline.com](http://www.TexasOnline.com)