



MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make money orders payable to: City of Corpus Christi

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

| | | | |
|-------|--|--------------------|--------------------|
| Birth | \$23.00 per copy | # Requested: _____ | Total Due \$ _____ |
| Death | \$21.00 for the first copy, \$4.00 each additional copy | # Requested: _____ | Total Due \$ _____ |

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 Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (PART I)

| | | | |
|---|--------------|-------------|-----------------------|
| Full Name of Person on record | First Name | Middle Name | Last Name |
| Date of Birth/Death | Month | Day | Year |
| Place of Birth/Death (Death certificates Corpus Christi ONLY) | City or Town | County | State TEXAS |
| Full Name of Parent 1 | First Name | Middle Name | Maiden Name/Last Name |
| Full Name of Parent 2 | First Name | Middle Name | Maiden Name/Last Name |

APPLICANT INFORMATION (PART II)

| | | | | |
|-------------------------------------|------------------------------------|------|-------|-----|
| Applicant Name | Telephone # | | | |
| Full Mailing Address | Street Address | City | State | Zip |
| Relationship to person listed above | Purpose for obtaining this record: | | | |

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Applicant

Mailing Address for Copies, if Different from Applicant

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (PART III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant Name)

now residing at _____ (Address) _____ (City) _____ (State)

who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal)

Sworn to and subscribed before me, this _____ day of _____, 20_____

Signature of Notary Public and Notary ID Number _____

Typed of Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING 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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

**CORPUS CHRISTI VITAL RECORDS
1702 HORNE ROAD, ROOM 21
CORPUS CHRISTI, TEXAS 78416**