

**ANDREA CARDENAS  
AUSTIN COUNTY CLERK  
APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE**

**PLEASE PRINT**

\_\_\_\_\_ Abstract Copy- Not from this County \$23.00 each  
 \_\_\_\_\_ Long Form Copy – Full Photo Copy (Austin County Only) \$23.00 each  
 \_\_\_\_\_ Texas Home Visiting \$5.00

**\*\*\*CASH, MONEY ORDER OR CARD ONLY\*\*\***

**Birth Information**

1. **NAME AT BIRTH** \_\_\_\_\_  
(NOMBRE EN EL NACIMIENTO) FIRST MIDDLE LAST
2. **DATE OF BIRTH** \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
(FECHA DE NACIMIENTO)
3. **PLACE OF BIRTH** \_\_\_\_\_  
LUGAR DEL NACIMIENTO CIUDAD CITY CONDADO COUNTY
4. **FATHER'S NAME** \_\_\_\_\_  
PADRE FIRST MIDDLE LAST
5. **MOTHER'S NAME** \_\_\_\_\_  
MADRE FIRST MIDDLE MAIDEN NAME

**Current Information**

6. **APPLICANT'S NAME** \_\_\_\_\_  
NOMBRE
7. **DAY TIME TELEPHONE #** (\_\_\_\_\_) \_\_\_\_\_  
TELEFONO #
8. **MAILING ADDRESS** \_\_\_\_\_  
SU DIRECCION STREET CITY STATE ZIP
9. **RELATIONSHIP TO PERSON NAMED IN ITEM # 1** \_\_\_\_\_  
RELACION A LA PERSONA
10. **PURPOSE FOR OBTAINING RECORD** \_\_\_\_\_  
RAZON DE CONSEGUIR DE REGISTRO

**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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

  X   \_\_\_\_\_  
**SIGNATURE OF APPLICANT FIRMA** **DATE FECHA**

\_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_

**CERTIFICATE NO.** \_\_\_\_\_ **ISSUERS NAME** \_\_\_\_\_

**TYPE OF I.D. GIVEN** \_\_\_\_\_

**\*\* ATTACH A COPY OF APPLICANT'S IDENTIFICATION**