

**CARRIE GREGOR  
AUSTIN COUNTY CLERK  
APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE**

**PLEASE PRINT**

\_\_\_\_\_ Certified Copy – Full Photo Copy (Austin County Only)                      \$23.00 each  
\_\_\_\_\_ Texas Home Visiting                                                                                      \$5.00

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

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
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**