



OFFICE USE ONLY

**\*24 HOUR WAITING PERIOD\***

Receipt # \_\_\_\_\_  
Document Control # \_\_\_\_\_  
By \_\_\_\_\_

**APPLICATION FOR  
BIRTH (TEXAS) OR  
DEATH (INSIDE-TERRELL CITY LIMITS)  
RECORD**

**MAILED REQUEST MUST INCLUDE PAYMENT and a PHOTOCOPY OF YOUR VALID PHOTO ID:**  
Make money order payable to: CITY OF TERRELL

BIRTH Certificates			
	Cost	# of copies	Total
Certified <b>Standard Form</b>	<b>\$23.00</b>	x _____	= \$ _____
Certified <b>Long Form</b>	" "	x _____	= \$ _____

DEATH Certificates			
	Cost	# of copies	Total
Certified Copy	<b>\$21.00</b>	x _____	= \$ _____
Additional Copies	\$4.00	x _____	= \$ _____

**For any search where a record is not found, the SEARCHING FEE IS NOT REFUNDABLE or transferable.**  
- Refunds available only on written request

**PLEASE PRINT**

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State <b>Texas</b>
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME \_\_\_\_\_ 8. TELEPHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(DAYTIME)

9. MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

DO YOU WANT TO PICK UP CERTIFICATE YES NO DO YOU WANT CERTIFICATE MAILED YES NO  
**PLEASE NOTE: ALL CERTIFICATES WILL BE MAILED IF THEY ARE NOT PICKED UP**

10. RELATIONSHIP to person in item 1: \_\_\_\_\_ 11. PURPOSE for obtaining this record: \_\_\_\_\_

12. WILL THIS RECORD BE USED TO Obtain A Passport, For Immigration OR For Indian Registry? YES NO

13. ADDITIONAL INFORMATION FOR **DEATH CERTIFICATE**: Birth date \_\_\_\_\_ Birth Place \_\_\_\_\_

**SIGNATURE: X** \_\_\_\_\_ **APPLICATION DATE** \_\_\_\_\_

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.  
(HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003) VS-1423 REV.11/2005

**Office Personnel Only**

Name on ID: \_\_\_\_\_ Clerks Initials: \_\_\_\_\_

Certificate Received by: \_\_\_\_\_