

Instructions for Completing the Birth /Death Certificate Application

Please print clearly and complete the application in its entirety. A copy of your state issued identification, driver's license, or government issued identification along with the application is required for processing.

Failure to comply may result in the application being denied and not processed. Birth certificates are available in two sizes, abstract and long form. **Long form birth certificates are required for passports and are available for Waco births only.** The fee for each birth certificate, regardless of size, is \$23.00. There is only one size for death certificates; the first copy is \$21.00, and each additional copy is \$4.00 during the same transaction. **Please make checks/money orders payable to: The City of Waco.**

Application

Person on Record

- Circle birth or death certificate.
- Name of the individual. For birth certificates, please provide name at birth (maiden name of females). For death certificates, please provide the name at the time of death.
- Date of birth for birth certificates and date of death for death certificates. Circle the Gender/Sex of the person on record at the time of birth.
- City, county, and state for place of birth or place of death.
- Parents name of the individual's record requested. Order in which you provide parent's name does not matter. Please make provide mother's maiden name.

Applicant

- Print **YOUR** name as it appears on your identification as the one requesting the record.
- Provide your current address or address you want the record to be mailed to.
- Provide a telephone number you may be reached at for questions.
- Circle **YOUR** relationship to the individual you are requesting the record on.
- Circle the purpose of the record so we provide you with the appropriate record. If your reason is not listed, please circle other and write the reason in the blank space provided.

Number of Certificates

- Let us know which form you are requesting by providing the number of copies in the box provided.
- Please sign and date the document for application processing.

Notarized Proof of Identification

This form must be completed entirety and in the presence of a Notary for mail requests.

Part I: - To be completed by applicant

- Print the individual's full name as it appears on the record requested.
- Print the date of birth for birth certificates and date of death for death certificates.
- Provide the city or county where the birth or death occurred.
- Provide the sex of the individual at the time of birth.
- Provide the full name of the parents of the individual for which the record is being requested.

Part II- To be completed by applicant

- Provide **YOUR** relationship to the individual of the record requested.
- Provide the type of identification provided to the notary. *A copy must be mailed with your application.*

Part III- To be completed by and in the presence of a Notary.

Once both pages are complete, mail it to:

Waco McLennan County PHD - Vital Statistics Department
225 W. Waco Dr. Room 110 Waco, Texas 76707

For questions, please contact our office at 254-750-5462 or by email at registrar@wacotx.gov.

Make checks/money orders payable to: The City of Waco (abbreviated C.O.W.) Failure to do so may result in a returned application.

Please note that we do not accept any applications by fax or email.



WACO McLENNAN COUNTY PUBLIC HEALTH DISTRICT

225 W. Waco Drive, Waco, Texas 76707

Website: www.Waco-Texas.com Email: Registrar@WacoTx.gov Phone: (254) 750-5462 Fax: (254) 750-5455

APPLICATION FOR CERTIFIED BIRTH AND DEATH CERTIFICATES (*TEXAS ONLY*)

A VALID STATE ID OR DRIVERS LICENSE IS REQUIRED

Please make all checks and money orders payable to The City of Waco (C.O.W)

CIRCLE ONE: BIRTH CERTIFICATE DEATH CERTIFICATE

Full Name of Person on Record:

First Name _____ Middle Name _____ Maiden Name / Last Name _____

Date of Birth / Death:

Month _____ Day _____ Year _____ Gender/Sex (Circle One): Male Female

Place of Birth / Death:

City or Town _____ County _____ State _____

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's Name (You):

First Name _____ Middle Name _____ Last Name _____

Address:

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____

Relationship to Person on Record (Circle One):

Self Spouse Parent Son/Daughter Grandparent/Grandchild Brother/Sister Other/Notarized

Purpose for obtaining this record (Circle One):

School ID Passport Insurance Lost/Stolen Other: _____
(Please Specify)

BIRTH Certificates	Cost per Certificate	Number of Certificates
Long Form: • Waco Births Only • Necessary for Passport • Most Detailed Birth Record	\$23.00	
Abstract • Least Detailed Birth Record • Not Applicable for Passports	\$23.00	

DEATH Certificates	Cost per Certificate	Number of Certificates
1 st Certificate	\$21.00	
Additional Certificates	\$4.00	

I am aware that the penalty for knowingly making a false statement in this form can result in 2-10 years in prison and a fine up to \$10,000.00 (Health and Safety Code, Chapter 195, SEC 195.003). I further understand that for any search of the files where a record is not found, the search fee of \$23.00 is not refundable or transferable.

Applicant's Signature: _____

Date of Application: _____

Birth records are confidential for 75 years and death records for 25 years, therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information, relationship item, and purpose are provided to issue the record.

FOR OFFICE USE ONLY:

File #: _____ Paper #: _____ Receipt #: _____ Issued by: _____

NOTARIZED PROOF OF IDENTIFICATION

Part I. Enter Name, Date, and Place of Birth/Death, and Names of Parents as Information Appears on Birth/Death Certificate.

Full Name of Person on Record _____

Date of Birth / Death: _____ Sex: Male Female

Place of Birth / Death (City or County): _____

Full Name of Parent #1: _____

Full Name of Parent #2: _____

Part II. Enter Relationship to Person on Record and the Type of ID Used

Name and Relationship to Person on Record: _____

Type and Number of ID Accepted when Notarized: _____

AFFIDAVIT OF PERSONAL KNOWLEDGE

Part III. This Section Must Be Signed in the Presence of a Notary Public

State of _____ County of _____

Before me on this day appeared (Name): _____

Now Residing at (address): _____

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

Signature of Applicant: _____

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

Signature of Notary Public: _____

Commission Expires: _____

Typed or Printed Name: _____

Warning: It is a felony to falsify information on this document. The penalty for knowingly making a 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 & Safety Code 195, SEC. 195.003).

Mail this sworn statement, application, payment, and photocopy of your valid ID to:

**Waco McLennan County Public Health District
Vital Statistics
225 W. Waco Drive
Waco, TX.76707**

Applications without the sworn statement and photo ID will not be processed.