

Laura Richard

Fort Bend County Clerk

MAILING ADDRESS: 301 Jackson Street, Suite 101 Richmond, Texas 77469

Phone: (281) 341-8685 • Fax: (281) 341-8669 • Email: cclerkrecords@fbctx.gov

APPLICATION FOR BIRTH OR DEATH CERTIFICATE

***BIRTH CERTIFICATE**

_____ Certified Copies Requested
@ \$23.00 each = \$_____

Please check this box to make a voluntary contribution of \$5 to promote healthy early childhood. (HSC 191.0048)

PLEASE PRINT

***DEATH CERTIFICATE**

_____ Certified Copies Requested
\$21.00 First Copy
\$ 4.00 Additional Copies of the Same Record/Request

***Search Fee is non-refundable for Birth & Death Records (TAC 25 Chapter 181)**

(NO PERSONAL OR BUSINESS CHECKS ACCEPTED)

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Date of Death	Month	Day	Year
3. Sex			
4. Place of Birth or Place of Death	City or Town	County	State TEXAS
5. Full Name of Parent	First Name	Middle Name	Last Name (Maiden, if applicable)
6. Full Name of Parent	First Name	Middle Name	Last Name (Maiden, if applicable)

7. APPLICANT'S NAME: _____ 8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____
(Give YOUR full name)
9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP
10. TELEPHONE NUMBER AND EMAIL ADDRESS: (____) _____ EMAIL ADDRESS _____
11. PURPOSE FOR OBTAINING THIS RECORD: _____
12. ADDITIONAL IDENTIFYING INFORMATION FOR **DEATH CERTIFICATE**:
SOCIAL SECURITY # OF DECEASED _____ BIRTH DATE _____ BIRTH PLACE _____

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)

YOUR SIGNATURE _____

DATE OF APPLICATION _____

»»MAIL APPLICANTS ONLY: PLEASE INCLUDE A VALID, LEGIBLE COPY OF PHOTO DL / ID CARD OF THE APPLICANT AND THE ATTACHED SWORN (NOTARIZED) STATEMENT««

OFFICE USE ONLY

CERT #(S) _____	AMOUNT \$ _____	DATE _____
DOCUMENT CONTROL # _____	CASH__ CREDIT__ OTHER__	RECEIPT # _____
		BY _____
IDENTIFICATION TYPE (DL, ID CARD, ETC.) _____	NUMBER (ON DL, ID CARD, ETC.) _____	EXP _____
		DOB _____

Notarized Proof of Identification not needed to process application in person. You may visit one of the following locations:

TRAVIS ANNEX 301 Jackson Ste 136 Richmond Texas 77469	MISSOURI CITY ANNEX 307 Texas Pkwy Ste 102 Missouri City Texas 77489	KATY ANNEX 22333 Grand Corner Dr Ste 104 Katy Texas 77494	SIENNA ANNEX 5855 Sienna Springs Way Ste 118 Missouri City Texas 77459	SUGAR LAND ANNEX 151 Stadium Drive Ste 168 Sugar Land Texas 77498
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INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU SEND A MONEY ORDER MADE PAYABLE TO: FORT BEND COUNTY CLERK. NO CHECKS ACCEPTED.**

THE SWORN STATEMENT MUST ALSO BE INCLUDED FOR MAIL-IN REQUESTS.

- Item 1. Name on Record:
State the FULL NAME of the person shown on the record being requested.
- Item 2. Date of Event: (The date of the Birth OR Death)
Give the exact date of the birth or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)
- Item 3. Sex:
Enter Male or Female.
- Item 4. Place of Event:
State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)
- Item 5. Parent's Name:
Give the full name of the parent of the person shown on the record. Give the FULL MAIDEN NAME of the mother, if applicable.
- Item 6. Parent's Name:
Give the full name of the parent of the person shown on the record. Give the FULL MAIDEN NAME of the mother, if applicable.
- Item 7. Applicant's Name:
Give YOUR full name
- Item 8. Relationship to person named on the record:
State how you are related to the person whose record you are requesting.
- Item 9. Mailing Address:
Give us your complete current mailing address.
- Item 10. Telephone Number and Email Address:
Give us the telephone number with area code where you can be reached between the hours of 8 a.m. and 5 p.m., Monday through Friday along with your email address.
- Item 11. Purpose for obtaining this record:
State the reason or purpose for which you are requesting this record.
- Item 12. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**
This additional information assists our staff in positively identifying a record when exact dates, places and spelling of the name(s) are not known for a death certificate:

Social Security Number of the deceased
Birthdate of the deceased
Birthplace of the deceased
Any other information that would be helpful in identifying the record of an individual.

NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 281.341.8685 FOR FEE VERIFICATION). THE SEARCHING FEE IS NON-REFUNDABLE **EVEN IF A RECORD IS NOT FOUND**. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS; THEREFORE ISSUANCE IS RESTRICTED. OTHER RECORDS MAY BE OBTAINED WHEN SUFFICIENT INFORMATION FOR IDENTIFICATION IS PROVIDED. A VALID PHOTO ID IS REQUIRED PRIOR TO RECEIVING SERVICE. A PHOTOCOPY OF A VALID PHOTO ID MUST ACCOMPANY THE APPLICATION WHEN RETURNING BY MAIL OR FAX. **FAILURE TO PROVIDE REQUIRED INFORMATION MAY CAUSE YOUR REQUEST TO BE REJECTED.**

NOTARIZED PROOF OF IDENTIFICATION

Please complete this form if applying for certified copy of birth or death certificate by mail.

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	
PLACE OF BIRTH/DEATH (City or County)			SEX
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) (City) (State) (Zip Code)			
who is related to the person named on Part I as _____ and who on oath deposes and			
(Relationship)			
says that the contents of this affidavit are true and correct.			
Signature of Affiant _____			
Sworn to and subscribed before me, this _____ day of _____ 20____.			

(Seal)

Signature of Notary Public
Commission Expires
Type or Printed Name
Notary Identification

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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
FORT BEND COUNTY CLERK
301 JACKSON STREET SUITE 101
RICHMOND, TEXAS 77469**

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)