



**Application for a Certified Copy of Birth Certificate**

**Please Print**

**\*\*\*The fee is \$22.00 and \$3.00 for additional copies of the same record.\*\*\***

Information about the person whose Birth Certificate is being requested:

**Full Name of Person:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Full Name of Father:** \_\_\_\_\_

**Full Name of Mother:** \_\_\_\_\_

**Number of copies requested:** \_\_\_\_\_

Applicant/Requestor Information:

**Purpose for which Certified Copy to be used (School, Military, Passport, etc.)** \_\_\_\_\_

\_\_\_\_\_

**Relationship to person named on Birth Certificate (Self, Parent, Attorney, etc.)**

\_\_\_\_\_

**Complete Name and Address of Applicant:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

Please make checks payable to: **Travis County Clerk**

Mail this application along with a copy of the applicant's identification and payment to:

Travis County Clerk

Recording Division

P.O. Box 149325 Austin, Texas 78714-9325