



Application for a Certified Copy of Birth Certificate

Please Print

*****There is a fee of \$22.00 for each certified copy requested. *****

Information about the person whose Birth Certificate is being requested:

Full Name of Person: _____

Date of Birth: _____ **City of Birth:** _____ **Gender:** **M** **F** **Other**

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 of Applicant: _____

Address of Applicant: _____

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