

APPLICATION FOR A CERTIFICATION  
AS TO FACT OF BIRTH OR DEATH

A Certification is a letter that certifies to the fact  
that a birth or death was filed.

It is not a certified copy of a birth or death record.

(Please Print)

Certification of Birth

Certification of Death

(1) Full Name on Record: \_\_\_\_\_

First Middle Last

(2) Date of Birth/Death: \_\_\_\_\_ (3) Sex: Female or Male  
Month Day Year

(4) City/County of Birth/Death: \_\_\_\_\_  
City or Town County State

(5) Father's Full Name: \_\_\_\_\_  
First Middle Last

(6) Mother's Full Maiden Name: \_\_\_\_\_  
First Middle Last

(7) Applicant's Name: \_\_\_\_\_ (8) Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(9) Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

(10) If Certified copy is to be mailed to some other person, please complete the following section:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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, SECTION 195.003)

Fee: \$20.00