MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
MAKE CASHIER CHECK OR MONEY ORDERS PAYABLE TO: CITY OF AMARILLO

<table>
<thead>
<tr>
<th>Birth Certificates</th>
<th></th>
<th>Death Certificates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Cost X</td>
<td>Total</td>
</tr>
<tr>
<td>Standard Size</td>
<td>$23</td>
<td></td>
</tr>
<tr>
<td>Long Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL AMOUNT</td>
<td></td>
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</tr>
</tbody>
</table>

**IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part 1)**

**NAME ON RECORD**

**DATE OF BIRTH/DEATH**

**PLACE OF BIRTH/DEATH**

**FULL NAME OF PARENT 1**

**FULL NAME OF PARENT 2**

**APPLICANT INFORMATION (Part 2)**

**APPLICANT NAME**

**MAILING ADDRESS**

**RELATIONSHIP TO PERSON NAMED ON RECORD**

**I AUTHORIZE MAILING TO THE ADDRESS BELOW. I HAVE VERIFIED THAT THE ADDRESS BELOW WILL RECEIVE MY ORDER.**

**NAME OF PERSON RECEIVING COPIES, IF DIFFERENT FROM APPLICANT**

**MAILING ADDRESS FOR COPIES, IF DIFFERENT FROM APPLICANT**
### AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part 3)

<table>
<thead>
<tr>
<th>STATE OF</th>
<th>COUNTY OF</th>
<th>Before me on this day appeared</th>
<th>APPLICANT NAME (NOMBRE DEL SOLICITANTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

now residing at:  

<table>
<thead>
<tr>
<th>STREET ADDRESS (DIRECCION)</th>
<th>CITY (CIUDAD)</th>
<th>STATE (ESTADO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

who is related to the person named on Part 1 as:  

<table>
<thead>
<tr>
<th>RELATIONSHIP (RELACIÓN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

The applicant presented the following type and number of identification:

**Applicant Signature**

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

**Signature of Notary Public and Notary ID Number**

Typed or Printed Name:  

(Seal)

Commission Expires:  

Street Address:  

City, State, Zip:  

**MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:**  

CITY OF AMARILLO VITAL STATISTIC  
PO BOX 1971  
AMARILLO, TX  79105-1971

**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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)**  

**LA PENALIDAD POR COMETER ALGUNA DECLARACIÓN FALSA CONSENTIENDO EN ESTE DOCUMENTO PODRÍA SER DE 2-10 AÑOS EN PRISION Y UNA MULTA DE $10,000.**

**FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 806-378-9344 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND.**  

**BIRTH AND DEATH RECORDS ARE CONFIDENTIAL, THEREFORE, ISSUANCE IS RESTRICTED. RECORDS MAY ONLY BE OBTAINED WHEN SUFFICIENT INFORMATION FOR IDENTIFICATION IS PROVIDED. PLEASE ATTACH A PHOTOCOPY OF ID TO APPLICATION.**  

**ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION, RELATIONSHIP, AND PURPOSE BE PROVIDED IN ORDER TO ISSUE THE RECORD.**