



# Waco-McLennan Public Health

## WACO McLENNAN COUNTY PUBLIC HEALTH DISTRICT

225 W. Waco Drive, Waco, Texas 76707

Website: [www.Waco-Texas.com](http://www.Waco-Texas.com) Email: [Registrar@WacoTx.gov](mailto:Registrar@WacoTx.gov) Phone: (254) 750-5462 Fax: (254) 750-5455

### APPLICATION FOR CERTIFIED BIRTH OR DEATH CERTIFICATE

Birth records are confidential for 75 years and death records for 25 years, therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information, relationship item, and purpose are provided to issue the record (Texas Administrative Code: Rule §181.28 (b) (h) (5)). **Tangible interest will be required for non-immediate family.**

#### CERTIFICATE BEING REQUESTED:

<input type="checkbox"/> BIRTH Certificate (TEXAS Only)		
Type	Cost per Certificate	Qty of Certificates
<b>Long Form:</b> - Waco birth only - Applicable for a passport	\$23.00	
<b>Abstract – Short</b> - Not born in Waco - May NOT work for passport	\$23.00	

<input type="checkbox"/> DEATH Certificate (WACO Only)		
	Cost per Certificate	Qty of Certificates
1 <sup>st</sup> Certified Copy	\$21.00	
Additional Certified copies	\$4.00 Each	

#### INFORMATION ON BIRTH OR DEATH CERTIFICATE

(If requesting death certificate, please provide death information, NOT birth information)

##### Full Name of

##### Person on Record:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name / Last Name \_\_\_\_\_

##### Date of

##### Birth / Death:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender/Sex (Circle One): Male Female

##### Place of

##### Birth / Death:

City or Town \_\_\_\_\_ County \_\_\_\_\_ **TEXAS ONLY** State \_\_\_\_\_

##### Full Name

##### of Parent 1:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name / Last Name \_\_\_\_\_

##### Full Name

##### of Parent 2:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name / Last Name \_\_\_\_\_

#### APPLICANT'S INFORMATION (You)

##### Applicant's

##### Name (You):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

##### Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

##### Your Relationship to

##### Person on Record (Circle One):

Self Spouse Parent Son/Daughter Grandparent Brother/Sister Other: \_\_\_\_\_  
(Please Specify)

##### Purpose for this record:

Work Sports School Newborn DL/ID Passport Insurance Lost/Stolen Other: \_\_\_\_\_  
(Please Specify)

I am aware that the penalty for knowingly making a false statement in this form can result in 2-10 years in prison and a fine up to \$10,000.00 (Health and Safety Code, Chapter 195, SEC 195.003).

I further understand that for any search of the files where a record is not issued, the search fee of \$23.00 is not refundable or transferable.

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

File #: \_\_\_\_\_ Paper #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Issued by: \_\_\_\_\_

**NOTARIZED PROOF OF IDENTIFICATION**

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: \_\_\_\_\_ Sex: Male Female

Place of Birth / Death (City or County): \_\_\_\_\_

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): \_\_\_\_\_

Who is related to the person named on Part I as \_\_\_\_\_ and who on oath deposes and says that the contents of this affidavit are true and correct.

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

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 & Safety Code 195, SEC. 195.003).

**Mail this sworn statement, application, payment, and photocopy of your valid ID to:**

**Waco McLennan County Public Health District  
Vital Statistics  
225 W. Waco Drive  
Waco, TX.76707**

Applications without the sworn statement and photo ID will not be processed.