

# APPLICATION FOR STATE BIRTH

**BRENDA FIETSAM**  
FAYETTE COUNTY CLERK  
P.O. BOX 59  
LA GRANGE, TEXAS 78945  
(979) 968-3251

**THE STATE REQUIRES THAT WE CHARGE A SEARCH FEE OF \$23 REGARDLESS OF WHETHER OR NOT THE BIRTH CERTIFICATE IS LOCATED IN THE STATE SYSTEM.**

Number of copies requested \_\_\_\_\_ Date \_\_\_\_\_

Please issue me a certified copy of the birth record of:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place \_\_\_\_\_  
(City or town) (County) (State)

Full name of father \_\_\_\_\_

Full name of mother \_\_\_\_\_

Are you requesting a copy of your own birth? Yes \_\_\_\_\_ No \_\_\_\_\_

You must be a member of the immediate family (father, if listed on the record or with a court order if not listed, mother, grandparent, sibling, spouse, child, legal guardian or legal representative)

Please state your relationship \_\_\_\_\_

Please state your reason for obtaining the certificate \_\_\_\_\_

If you are obtaining this to apply for a passport, please note that this State Issued Short form may not be acceptable by the Passport Office. You may have to request a copy from the county in which the person was born.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address of applicant

\_\_\_\_\_  
City, State and Zip

(\_\_\_\_) Pursuant to SB 1836 (83<sup>rd</sup> Session), I wish to make a **\$5.00 donation** to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health & Human Services Commission.

**To all Applicants: A copy of your identification will be retained with this application for 3 years.**

**Warning:** The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.

Health and Safety Code, Chapter 678, Sec. 195.003