



CITY OF UVALDE/OFFICE OF VITAL RECORDS

P.O. BOX 799, UVALDE, TEXAS 78802

(830)278-6616 / FAX (830)278-2234

NOTE: (APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

MAIL APPLICATION FOR BIRTH OR DEATH RECORD

FOR OFFICE USE ONLY: VOL. PAGE: RECORD#: ISSUED BY:

BIRTH CERTIFICATES

DEATH CERTIFICATE

(AVAILABLE FOR CITY BIRTHS ONLY) \$23.00 ea. # OF COPIES \$7.00 FEE TO MAIL ALL RECORDS

(AVAILABLE FOR CITY DEATHS ONLY) FIRST COPY: \$21.00 ea. ADDITIONAL COPIES \$4 ea. # OF COPIES \$7.00 FEE TO MAIL ALL RECORDS

INFORMATION OF PERSON ON RECORD OF BIRTH OR DEATH (PART I)

FIRST NAME: MIDDLE NAME: LAST NAME: DATE OF BIRTH OR DEATH: GENDER (SEX): FEMALE MALE MOTHER'S FULL MAIDEN NAME: FATHER'S FULL NAME: PLACE OF BIRTH/DEATH:

INFORMATION ON PERSON APPLYING FOR RECORD (PART II)

FIRST NAME: LAST NAME: ADDRESS: CITY: STATE: ZIP: TELEPHONE #: RELATIONSHIP TO PERSON LISTED ABOVE: PURPOSES FOR OBTAINING THIS 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: CITY: STATE: ZIP:

APPLICANT SIGNATURE: DATE:

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (PART III)

STATE OF COUNTY OF BEFORE ME ON THIS DAY APPEARED (Applicant name) Now residing at (Address) (City) (State) Who is related to the person name on Part I as (Relationship to Applicant) and who on oath deposes and says that the contents of this affidavit are true and correct. The applicant presented the following type and number of identification:

Applicant Signature

(Seal)

Sworn to and subscribed before me, this day of, 20. Signature of Notary Public and Notary ID Number Typed or Printed Name: Commission Expires: Street Address: City, State, Zip:

MAIL REQUESTS: MAIL THIS APPLICATION, AND INCLUDE A VALID PHOTOCOPY OF ID

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT, THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 TO 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.00 DOLLARS. (HEALTH AND SAFETY CODE CHAPTER 195. SEC. 195.003).