

OFFICE USE ONLY
_____ Cert. #
_____ Receipt #

Bureau of Vital Statistics
Texas Department of Health
P. O. Box 12040
Austin, Tx. 78711-2040

Sabine County Clerk
P. O. Box 580
Hemphill, Tx. 75948
409-787-3786

APPLICATION FOR BIRTH / DEATH RECORD

BIRTH

_____ Requested Certified Copies
_____ C/C at \$23.00 each

DEATH

_____ Requested Certified Copies
_____ C/C at \$21.00 each
_____ C/C at \$4.00 each add. (same person)

PLEASE PRINT

1. Full name of person on record _____
First Name Middle Name Last Name
2. Date of Birth _____ 3. _____
Month Day Year Sex
4. Place of Birth _____
City or Town County State
5. Full Name of Father _____
First Name Middle Name Last Name
6. Full Name of Mother _____
First Name Middle Name Maiden Name
7. Your Name _____ 8. Phone # _____
9. Mailing Address _____
10. Relationship of Person Named in item #1 _____
11. Purpose for Obtaining this Record _____
12. Additional Identifying Information for Death Certificate
Social Security # of Deceased _____
Birth Date and Place of Birth of Deceased _____
13. If Certified Copy is to be mailed please complete:

_____ Name
_____ Mailing Address
_____ City, State, Zip Code

Signature Date of Application

Identification Type and number: (ex. drivers license) _____

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 195, sec. 195.003)
Applicant acknowledges that he/she has been made aware that the certificate of birth issued to him/her may
not be accepted by the U.S. Passport Services. _____ signature