APPLICATION FOR CERTIFICATION OF BIRTH

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Taylor County, Texas
300 Oak Street
ABILENE, TX 79602-1581
325-674-1202

Application Fee is non-refundable and due at time of application.

INSTRUCTIONS	COPIES REQUESTED
THE FEE FOR EACH CERTIFICATION MUST BE SUBMITTED WITH THIS APPLICATION AND A **COPY OF YOUR VALID DRIVERS LICENSE** PLEASE TYPE OR PRINT LEGIBLE.	**CERTICATE OF BIRTH $23.00 EACH** HOW MANY?_____ AMOUNT ENCLOSED $_____

SHORT FORM BIRTH CERTIFICATE MAY NOT BE USED TO OBTAIN A PASSPORT FOR PERSONS BORN BEFORE 1964.

PLEASE INCLUDE I.D. INFORMATION

D.L. NUMBER_____

STATE ISSUED_____

CASH, CREDIT or DEBIT CARDS OR MONEY ORDER ONLY – NO CHECKS

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED			
1. NAME AT BIRTH	**FIRST**	**MIDDLE**	**LAST**
2. DATE OF BIRTH	**MONTH**	**DAY / YEAR**	**3. SEX**
4. PLACE OF BIRTH	**CITY OR TOWN**	**COUNTY**	**STATE**
5. MOTHERS NAME FULL NAME	**FIRST**	**MIDDLE**	**MAIDEN NAME**
6. FATHERS NAME FULL NAME	**FIRST**	**MIDDLE**	**LAST**

PERSON REQUESTING CERTIFICATION OF BIRTH		
7. PURPOSE OF WHICH CERTIFICATION OF BIRTH IS TO BE USED (SCHOOL, EMPLOYMENT, MILITARY, PASS PORT, ETC.)		
8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 ABOVE (SELF, MOTHER, ATTORNEY, ETC.)		
9. PRINTED NAME OF APPLICANT		
10. ADDRESS OF APPLICANT	**STREET ADDRESS**	
CITY	**STATE**	**ZIP**
11. SIGNATURE OF APPLICANT		**12. DATE SIGNED**

IF YOU WANT THE CERTIFICATION OF BIRTH MAILED TO SOME OTHER PERSON, COMPLETE THIS SECTION			PLEASE COMPLETE THIS FORM AND RETURN WITH FEE AND COPY OF APPLICANTS DRIVERS LICENSE TO THE ADDRESS ABOVE.
NAME			
STREET ADDRESS			**DO NOT WRITE IN THIS SPACE** **CLERK**_____
CITY OR TOWN	**STATE**	**ZIP**	**LICENSE #**_____

WARNING: The penalty for knowingly making a false statement in this form can be 2 10 years in prison and a fine up to $5,000. (Article 4477c, Revised Civil Statutes of Texas)