



APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST BY MAIL.

Make cashier's check or money order payable to **BRAZOS COUNTY**.

**** Long form in county BC & DC are issued on 8.5" x 14" security paper**

**** Short form out of county BC are issued on 8.5" x 11" security paper**

☐	Birth Certificates
# Requested Certified Copy: _____ x \$23.00 = _____	
Total Enclosed \$ _____	

☐	Death Certificates
# Requested Certified Copy: _____ x \$21.00 = _____	
Extra Copies of Same Record _____ x \$4.00 = _____	
Total Enclosed \$ _____	

BIRTH/DEATH RECORD INFORMATION

Full Name on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	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

Requestor Information

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City
	State	Zip
Relationship to person listed above	Purpose 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 Requestor		
Mailing Address for copies if different from Requestor		
City	State	Zip

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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature _____ Date of Application _____

Birth Records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.

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
PLACE OF BIRTH/DEATH (CITY OR COUNTY)		SEX
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) (City) (State) who is related to the person named in Part I as _____ and who on oath deposes (relationship) and says that the contents of this affidavit are true and correct. Signature _____ Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
Notary Seal	

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We do not issue long form birth certificates for those born in the city limits of Bryan or College Station after 01-01-2019.

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (*MONEY ORDER OR CASHIER CHECK*) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Brazos County Clerk's Office, 300 East 26th St., Ste. 1430, Bryan, Texas 77803

(APPLICATION WITHOUT THE SWORN STATEMENT, PAYMENT AND PHOTO ID WILL NOT BE PROCESSED)