

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

MAIL FORM TO: **CITY OF GRAPEVINE**
CITY SECRETARY'S OFFICE
P O BOX 95104
GRAPEVINE, TEXAS 76099-9704

TELEPHONE: 817-410-3181
 STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

Number Requested - For security reasons, orders for 5 or more certificates must be picked up.

_____ CERTIFIED COPIES x \$23.00 = _____

Please make check/money order payable to City of Grapevine

MAIL IN APPLICATIONS MUST INCLUDE A NOTARIZED PROOF OF IDENTIFICATION (SEE PAGE 2)

Certificate No. _____		
Control No. _____		
Issue by _____		
Date PU/Mail _____		
Receipt No. _____		
Rec'd Mail/Ofc _____		
Time _____	by _____	LF _____

CERTIFICATES ISSUED

8:00 a.m. - 4:30 p.m., Monday - Friday

APPLICATION DEADLINE: 4:15 p.m.

PLEASE PRINT

1. NAME ON RECORD _____
FIRST MIDDLE (spelled out) LAST SUFFIX

2. DATE OF BIRTH _____ 3. SEX _____
MONTH DAY YEAR

4. HOSPITAL Baylor Scott & White Medical Center - Grapevine Grapevine Tarrant County
CITY COUNTY

5. MOTHER'S NAME _____
(PRIOR TO MARRIAGE) FIRST MIDDLE (spelled out) MAIDEN LAST NAME

6. FATHER'S NAME _____
FIRST MIDDLE (spelled out) LAST SUFFIX

7. NAME OF APPLICANT _____
(PERSON SIGNING THE APPLICATION) FIRST MIDDLE LAST

8. MAILING ADDRESS _____
STREET ADDRESS, APT NUMBER CITY STATE ZIP

9. TELEPHONE NO. _____ EMAIL: _____
(MONDAY - FRIDAY 8 A.M. - 5 P.M.) (FOR MAIL IN REQUESTS)

10. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____

11. PURPOSE FOR OBTAINING THIS RECORD _____

Note: If applying for a CDIB card (Indian heritage), you must contact the State of Texas, Bureau of Vital Statistics for a long certificate at 1-888-963-7111 or at www.dshs.state.tx.us/vs

WARNING STATEMENT: 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, SECTION 195.003)

 SIGNATURE OF PARENT/APPLICANT

 DATE

 DRIVER'S LICENSE NUMBER (enclose copy)

Parent/Applicant is REQUIRED to submit copy of Driver's

License, U.S. Passport or State Identification Card

Do not mail Verification of Birth Facts - will not be returned

FEEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (03/16) BIRTHHOSPITALFORM.XLS

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 on Part I as _____ and who on oath deposes and	
(Relationship)	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Applicant Signature _____	

Sworn to and subscribed before me, this _____ day of _____, 20_____.

(Personalized Seal)

_____ Signature of Notary Public
_____ Commision Expires
_____ Typed or Printed Name
_____ Street Address
_____ City, State and Zip

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MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF VALID ID TO:

City of Grapevine
City Secretary's Office
P.O. Box 95104
Grapevine, TX 76099

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