

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

JENNIFER LINDENZWEIG
HUNT COUNTY CLERK
P.O. BOX 1316
GREENVILLE, TX. 75403
903-408-4130

EACH CERTIFIED COPY.....\$23.00
NUMBER REQUESTED.....
TOTAL DUE.....
CERTIFICATE NO. _____

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)

PLEASE PRINT

1. NAME ON RECORD:
(FIRST, MIDDLE, LAST) _____

2. DATE OF BIRTH:
(MONTH, DAY, YEAR) _____

3. PLACE OF BIRTH:
(CITY, COUNTY) _____ (TEXAS ONLY)

4. FATHER'S NAME:
(FIRST, MIDDLE, LAST) _____

5. MAIDEN NAME OF MOTHER:
(FIRST, MIDDLE, LAST) _____

6. APPLICANT'S NAME:
(FIRST, MIDDLE, LAST) _____

7. APPLICANT'S MAILING ADDRESS: _____
CITY, STATE, ZIP CODE _____

8. TELEPHONE NUMBER (INCLUDE AREA CODE) _____

9. RELATIONSHIP TO PERSON NAMED IN #1 _____

10. PURPOSE FOR OBTAINING RECORD: _____

X _____
SIGNATURE/APPLICANT

DATE

***COPY APPLICANT'S I.D. IS REQUIRED
NO PERSONAL CHECKS/MONEY ORDER OR CASHIER'S CHECK ONLY BY
MAIL***