



City of San Antonio
Office of the City Clerk
Vital Records Division

OFFICE USE ONLY

File No:

Sheet No:

MAIL APPLICATION FOR
BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST. A check or money order is required and payable to: City of San Antonio. All funds are deposited directly to the City of San Antonio Accounts. If paying by check, checkholder/signee ID must be included. Please note, selecting a postage fee is REQUIRED for all mail orders and priority mail service will require a signature upon delivery. Proof of relationship is required for non-self or non-parental applicants.

| Birth Certificates | | | | Death Certificates | | | |
|--|--------|--------------|-------|--|--------|--------------|-------|
| Type | Cost X | # of copies: | Total | Type | Cost X | # of copies: | Total |
| Long Form (San Antonio births only) | | | | Certified Copy (1st copy, Bexar county only) | | | |
| State Abstract (Texas-wide 1926-present) | | | | Additional Certified Copies | | | |
| Plastic Sheet Cover | | | | Plastic Sheet Cover | | | |

Postage (REQUIRED, please select one):

GRAND TOTAL:

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I) - If requesting a death record, date of DEATH is required.

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

APPLICANT INFORMATION (Part II)

| | | |
|--|------------------------------------|---------------|
| Applicant Name | Telephone # | Email Address |
| Full Mailing Address: | Street Address | City |
| | | State |
| | | Zip |
| Relationship to person listed above | Purpose for obtaining this record: | |
| <input type="checkbox"/> 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 Applicant | | |
| Mailing Address for Copies, if Different from Applicant | | |
| City | State | Zip |

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)

now residing at _____ (Address) _____ (City) _____ (State)

who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal)

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

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

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.)

MAIL THIS APPLICATION, PAYMENT, AND A VALID PHOTO ID TO:

DEPARTMENT OF VITAL RECORDS

719 S SANTA ROSA

SAN ANTONIO, TX 78204

For questions or assistance, we can be reached at (210) 207-8781.