



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 \_\_\_\_\_ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

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.