



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.