

Office of the Kleberg County Clerk  
**STEPHANIE G. GARZA**  
P.O. Box 1327  
Kingsville, Texas 78364-1327  
(361) 595-8548

**Application for Certified Copy of Birth / Death Certificate**

BIRTH

DEATH

\_\_\_ LONG FORM(S) X \$23.00 = \_\_\_\_\_  
\_\_\_ ABSTRACT X \$23.00 = \_\_\_\_\_

\_\_\_ LONG FORM(S) X \$21.00 = \_\_\_\_\_  
\_\_\_ EXTRA COPIES X \$4.00 = \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

|                               |                    |                   |                      |
|-------------------------------|--------------------|-------------------|----------------------|
| FULL NAME OF PERSON ON RECORD | FIRST NAME         | MIDDLE NAME       | LAST NAME            |
| DATE OF BIRTH/DEATH           | MONTH              | DAY / YEAR        | SEX<br>MALE / FEMALE |
| PLACE OF BIRTH/DEATH          | CITY<br>KINGSVILLE | COUNTY<br>KLEBERG | STATE<br>TEXAS       |
| FATHER'S FULL NAME            | FIRST              | MIDDLE            | LAST                 |
| MOTHER'S MAIDEN NAME          | FIRST              | MIDDLE            | MAIDEN               |

PERSON REQUESTING COPY (APPLICANT) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE NUMBER: (     ) \_\_\_\_\_

RELATIONSHIP TO PERSON ON RECORD \_\_\_\_\_

PURPOSE FOR OBTAINING THIS RECORD \_\_\_\_\_

**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, SECTION 195.003)**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ ISSUED BY \_\_\_\_\_

TYPE OF ID \_\_\_\_\_ ID# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

FILE # \_\_\_\_\_ PAPER # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

M# \_\_\_\_\_ REF# \_\_\_\_\_ CREDIT CARD DATE (REC) \_\_\_\_\_