**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**

**\*\*PLEASE PROVIDE PROPER IDENTIFICATION WITH REQUEST\*\***

**BIRTH DEATH**

**\_\_\_\_ LONG FORM(S) X $23.00 = \_\_\_\_\_\_\_\_\_\_ \_\_\_\_ LONG FORM(S) X $21.00 =\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ EXTRA COPIES X $4.00 = \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ ABSTRACT X $23.00 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_PROTECTIVE COVER = $2.00**

**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**  **MALE / FEMALE** |
| **PLACE OF**  **BIRTH/DEATH** | **CITY**  **KINGSVILLE** | **COUNTY**  **KLEBERG** | **STATE**  **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**