



NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

815 N. Broadway Ave.
Tyler, TX 75702
www.healthyeasttx.org
903-535-0030

State ID Copy /Office Use Only

Quantity:

Protective Plastic Sleeve \$1 each

Standard (8.5"x7") \$23 each

Long *Tyler Only* (8.5"x11") \$23 each

Non-refundable search fee of \$22 will apply for all birth records not found. Health & Safety Code §191.0045 (a)(1), (e)(3)

Birth Record Information

Form with fields for Full Name on Record, Date of Birth, Place of Birth, Full Maiden Name of Mother, Full Name of Father, and sub-fields for First, Middle, Last, Month, Day, Year, Gender, City/Town, County, State.

Requestor Information

Name: Phone:

Full Mailing Address:

How are you related to the person on record? (circle): Yourself, Parent, Brother, Sister, Spouse, Son, Daughter, Grandparent, Other (specify):

Main purpose for getting this record (circle): Personal Record, State ID, School, Sports, Employment, Insurance, Retirement, Travel, Passport, Other (specify):

Signature: Date:

Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000. (Health & Safety Code §195.003)

Office Use Only

Check#: _____

Security#: _____

CreditTrans#: _____

Processed by: _____

Birth Certificate Application