



NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

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

Quantity:

_____ Protective Plastic Sleeve \$1 each

_____ Standard \$23 each

_____ Detailed *Tyler Only* \$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)

State ID Copy /Office Use Only

Birth Record Information

Birth Certificate Application

| | | | |
|---------------------------------|------------|---------|----------------------------|
| Full Name on Record | First: | Middle: | Last: |
| Date of Birth | Month: | Day: | Year: Gender: |
| Place of Birth | City/Town: | County: | State: ***Texas Only*** |
| Full Maiden Name of Mother | First: | Middle: | Maiden: |
| Full Name of Father (if listed) | First: | Middle: | Last: |

Requestor Information

Name: _____ Phone: _____

Mailing Address: _____ City/State/Zip _____

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: _____