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|---------------|-------|
| OFFICE USE | |
| Certificate # | _____ |
| File # | _____ |
| Issued by | _____ |

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
Make check or money orders payable to: City of Victoria.**

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

| Birth Certificates | | | | Death Certificates | | | |
|---|---------|--------------|-------|---|--------|--------------|-------|
| Type | Cost X | # of copies= | Total | Type | Cost X | # of copies= | Total |
| Standard Size <input type="checkbox"/> Long form <input type="checkbox"/> | \$23 | | | Certified Copy (1 copy) | \$21 | | |
| Optional Add'l Fee - Express Mail -USPS | \$27.20 | | | Additional Copies | \$4 | | |
| Total (Check or money order payable to City of Victoria) | | | | Total (Check or money order payable to City of Victoria) | | | |

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

| | | | |
|-------------------------------|--------------|-------------|-----------------------|
| 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 |
| 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 _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

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:

City of Victoria, City Secretary's Office
P.O. Box 1758
Victoria, TX77902-1758