

Bobbie Koepf – Comal County Clerk

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

Birth Certificate	
Number of Items Requested	
_____ Certified Copies	x \$ <u>23.00</u> = _____
_____ Plastic Covers	x \$ <u>1.00</u> = _____
TOTAL ENCLOSED	\$ _____

PLEASE PRINT



Death Certificate	
Number of Items Requested	
_____ Certified Copy	x \$ <u>21.00</u> = _____
_____ Extra Copies	x \$ <u>4.00</u> = _____
<i>(Same Record)</i>	
TOTAL ENCLOSED	\$ _____

1. Full Name of Person on Record				
First Name	Middle Name	Last Name		
2. Date of Birth or Death				
Month	Day	Year	3. Sex	
			Male <input type="checkbox"/>	Female <input type="checkbox"/>
4. Place of Birth or Death				
City or Town:	County:		State	
5. Full Name of Father				
First Name	Middle Name	Last Name		
6. Full Maiden Name of Mother				
First Name	Middle Name	Maiden Name		

7. Your Name: _____ Telephone #: _____

8. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

9. Relationship to Person Named in Item 1: _____

10. Purpose for obtaining this Record: _____

11. Will this record be used to obtain a Passport, for Immigration, or for the Indian Registry? YES NO

- Fees are subject to change without notice. Call (830) 221-1230 Ext. 1126 for fee verification. Search fees are non-refundable and non-transferable regardless whether or not requested record(s) is/are located.
- The fee rate(s) is/are set by the Texas Board of Health and is/are not mandated by the Texas Legislature.
- Birth Records are confidential for 75 years. Death records are confidential for 25 years. Issuance is restricted.
- Administrative rules on restricted records require all identifying information (items 1-5), relationship (Item 9), and purpose (Item 10), be provided in order to issue the record.

WARNING STATEMENT: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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 §195.003).

**REQUESTS BY MAIL MUST INCLUDE ORIGINAL NOTARIZED PROOF OF IDENTITY AND PHOTOCOPY OF VALID IDENTIFICATION
APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION**

APPLICANT SIGNATURE _____ DATE OF APPLICATION _____

SECURITY PAPER # _____ RECEIPT # _____ PROOFED AND ACCEPTED _____

NOTARIZED PROOF OF IDENTITY

Printed Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby represent that all above information is true and accurate.

Signature of Applicant: _____
(Sign in the Presence of a Notary)

STATE OF _____ §

COUNTY OF _____ §

I hereby certify that on this _____ day of _____, 20_____
personally appeared before me the signer and subject of the attached form, who signed in my
presence, and presented the following form of identification as proof of his or her identity.

- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Other: _____
(provide description)

Notary Public Signature

Date Commission Expires



Texas Health and Safety Code §191.0031.

Certified copies by mail: The state registrar or a local registrar may not issue a certified copy of a record under this chapter to a person who has applied for the record by mail unless the person has provided notarized proof of identity in accordance with rules adopted by the Executive Commissioner of the Health and Human Services Commission. The rules may require the issuer of the certified copy to verify the notarization using the records of the Secretary of State under Section 406.012, Government Code.