

Bobbie Koepf – Comal County Clerk

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

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

PLEASE PRINT



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

1. Full Name of Person on Record			
First Name	Middle Name	Last Name (Maiden Name if applicable)	
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	
		TEXAS	
5. Parent 1: Full Maiden Name (First, Middle, Last)			
6. Parent 2: Full Maiden Name (First, Middle, Last)			

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
ATTACH PHOTOCOPY OF VALID IDENTIFICATION
APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION**

APPLICANT SIGNATURE _____ DATE OF APPLICATION _____

SECURITY PAPER # _____ RECEIPT # _____ PROOFED AND ACCEPTED _____

