

How do I obtain a Certified copy of a Birth Certificate?

How do I obtain a Certified copy of a Death Certificate?

RESTRICTIONS ON WHO MAY APPLY – The State of Texas has restrictions on who may apply for Certificates.

- 1) The individual
- 2) Immediate Family
 - a. Parent
 - b. Grandparent
 - c. Sibling
 - d. Child
 - e. Grandchild

1. Fully complete and sign the form below
2. Provide a legible copy of your Driver's License or Government Issued Photo ID
3. Return form to City of Canyon w/ payment
 - a. Birth Certificate \$22/copy
 - b. Death Certificate \$20 for 1st copy and \$3 for each additional copy per request
 - i. 301 16th St; Canyon, TX 79015 or fax to 806-655-5044 and call 806-655-5003 w/ payment information (MasterCard or Visa only)



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: ~~DSHS - Vital Statistics~~. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable. **City of Canyon**

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"/>	\$22			Certified Copy (1 copy)	\$20		
<input type="checkbox"/> Abstract <input type="checkbox"/>	\$22			Additional Certified Copies	\$3		
Total (Check or money order payable to City of Canyon)				Total (Check or money order payable to City of Canyon)			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

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

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 Canyon - Vital Statistics
301 16th St, Canyon, TX 79015