



Receipt# _____
Payment _____
Bought _____

Note: If mailing, please attach copy of applicant's photo identification.

MAKE CHECKS PAYABLE TO CITY OF ARLINGTON
 Address envelope to: City of Arlington Vital Records
 P.O. Box 90231
 Mail Stop #: 63-0700
 Arlington Texas 76004-3231
 (817) 459-6777
 Physical Address: 101 S Mesquite, Suite 720

APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

These records are protected by the Texas Health and Safety Code and may only be released to a "**properly qualified applicant**", which is defined as an immediate member of the family, a legal or personal representative, or agent. Proper identification will be required at the time of order.

- * NOTE: **ALL INFORMATION MUST BE COMPLETED BEFORE YOUR ORDER CAN BE PROCESSED.**
 (Long form available for births in Arlington after 1971)
- * FEES: **\$23.00 for each copy.** Long form # of copies: _____ Short form # of copies: _____

FULL NAME: _____
 (person on record) first middle last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 city county state

FULL NAME OF FATHER: _____
 first middle last

FULL MAIDEN NAME OF MOTHER: _____
 first middle maiden

NAME OF APPLICANT: _____
 (person signing the application)

I AM RELATED AS: _____

PURPOSE OF REQUEST: _____
 (reason for purchasing the certificate)

ADDRESS OF APPLICANT: _____

 city state zip phone #

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 AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

 SIGNATURE OF APPLICANT DATE

FOR OFFICE USE ONLY:	
PROPER IDENTIFICATION PROVIDED	YES _____ NO _____
TYPE _____	I.D. NUMBER _____