Mail Application for Birth Record

****Please print. Include a copy of applicant's valid photo ID.**
MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF ARLINGTON

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. All information must be completed before your order can be processed.

Fees: $23.00 for each copy.

Long form # of copies: _____ **Short form** # of copies _____

(Long form available for births in Arlington after 1971)

Project your Vital Record with Poly Envelope:

$2.00 (long) _____ or **$1.50** (short) _____

(Optional) Certified Mail: $7.00 _____ **(Optional) Expedite Fee: $5.00** _____ **TOTAL $** _____

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

Name of Applicant: _____ Phone: _____
(person signing the application)

Address of Applicant: _____
Street City State Zip

Relationship to Person Named on the record: _____

Purpose for Obtaining this Record: _____

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 195.003)

_____ Signature of Applicant

_____ Date of Application

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED

City of Arlington Vital Records Office • 101 W. Abram St., MS 01-0110 • Arlington, Texas 76010 REV. 8.16

AFFIDAVIT OF PERSONAL KNOWLEDGE (This section must be signed in the presence of a notary public.)

STATE OF _____ COUNTY OF _____ Before me on this day appeared (name) _____

now residing at (address) _____

who is related to the person named in Part 1 as (relationship) _____ and who on oath desposes and says the contents of this affidavit are true and correct.

Applicant Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

Signature of Notary Public _____

Commission Expires _____

Typed or Printed Name _____

Street Address _____

City, State and Zip _____