

For Office Use Only
 Cert. # _____
 DOCUMENT CONTROL#

 By: _____

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For Office Use Only
 Remit No. _____
 Amount \$ _____
 Cash _____ Check _____
 Date: _____ By: _____

Application for Birth Certificate

BIRTH
 Amount Requested
 _____ Certified Copies @ \$23.00
 each.

PLEASE PRINT

DONATION Yes,
 I wish to make a voluntary contribution
 of \$5 to promote healthy early childhood
 by supporting the Texas Home Visiting
 Program.

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
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: (person filing out the form) _____ 8. Telephone: (____) _____
 9. Your Mailing Address: _____ City: _____ State/Zip: _____
 10. Relationship to person named in Item 1 above: _____
 11. Purpose for obtaining this record: _____

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable.

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)

Birth records are confidential for 75 years and Death records are confidential for 25 years, therefore, issuance is restricted. Other records may be obtained when sufficient information for identification is provided. Administrative rules require that on restricted records, all identifying information in Items 1-5 and 10 -11 must be provided in order to issue such record being requested along with a **Xerox copy of the identification from the person requesting the record.**

Your Signature: _____ Date of Application: _____