

# C O U N T Y O F S T A R R

HUMBERTO "BERT" GONZALEZ, JR. – COUNTY CLERK



New Certificate #: _____ Vol. _____ Page _____			
CERTIFICATE INFORMATION/ INFORMACION DEL REGISTRO	<b>APPLICATION FOR BIRTH AND DEATH CERTIFICATES</b>		
	(Print/Imprimir) First Name – Nombre                      Middle – Sobre Nombre                      Last (Maiden)-Apellido (Soltera)		
	DATE OF BIRTH OR DEATH-FECHA DE NACIMIENTO O FALLECIMIENTO	PLACE OF BIRTH/DEATH-LUGAR DE NACIMIENTO/ FALLECIMIENTO	
	MOTHER'S FULL NAME (MAIDEN) NOMBRE DE MADRE COMPLETO (SOLTERA)	FATHER'S NAME (COMPLETE) – NOMBRE DE PADRE (COMPLETO)	
APPLICANT INFORMATION/ INFORMACION DEL SOLICITANTE	(Print/Imprimir) First Name – Nombre                      Middle – Sobre Nombre                      Last -Apellido		
	ADDRESS – DOMICILIO	CITY/STATE/ZIP-CIUDAD Y ESTADO CODIGO POSTAL	
	YOUR RELATIONSHIP TO PERSON ON CERTIFICATE – SU RELACION DE LA PERSONA EN EL REGISTRO	REASON FOR OBTAINING CERTIFICATE-RAZON PARA OBTENER REGISTRO	
	TELEPHONE NUMBER- NUMERO DE TELEFONO	SIGNATURE-FIRMA	DATE-FECHA
DOCUMENTS IDENTIFICATION FOR OFFICE USE ONLY	TYPE OF I.D.:		
	DRIVER'S LICENSE:		
	FEDERAL I.D.:		
	AUTHORIZED BY:		
	COMMENTS:		
FOR OFFICE USE ONLY	BIRTH CERTIFICATES  _____ \$23.00 CERTIFIED  COPY (COPIA CERTIFICADA)	RECORD INFORMATION  _____ ILLEGIBLE  _____ INCORRECT  _____ NO REFUND ACKNOWLEDGEMENT  _____ \$10.00 RECORD SEARCH FEE NO REFUNDS/NO DEVOLUCIONES	DEATH CERTIFICATES  _____ \$20.00 CERTIFIED COPY (COPIA CERTIFICADA)  _____ \$4.00 EACH ADDITIONAL COPY(COPIA ADICIONAL)

**WARNING THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.00 (HEALTH AND SAFETY CODE CHAPTER 195, SEC 195.0003)**