



**City of San Antonio
Office of the City Clerk
Vital Records Division**

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

| | |
|-----------------|--|
| OFFICE USE ONLY | |
| File No: | |
| Sheet No: | |

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: City of San Antonio. All funds are deposited directly to the City of San Antonio Accounts.

If paying by check, checkholder/signee ID must be included. Please note, selecting a postage fee is REQUIRED for all mail orders.

| Birth Certificates | | | | Death Certificates | | | |
|--|---------|--------------|-------|--|---------|--------------|-------|
| Type | Cost X | # of copies: | Total | Type | Cost X | # of copies: | Total |
| Long Form (San Antonio births only) | \$23 | | \$ | Certified Copy (1 copy, Bexar county only) | \$21 | \$ | \$ |
| State Abstract (Texas-wide 1926-present) | \$23 | | \$ | Additional Certified Copies | \$4 | \$ | \$ |
| Priority Postage (3-5 business days) | \$12 | | \$ | Priority Postage (3-5 business days) | \$12 | \$ | \$ |
| Overnight Service | \$24.25 | | \$ | Overnight Service | \$24.25 | \$ | \$ |
| Total (Check or money order payable to City of San Antonio) | | | | Total (Check or money order payable to City of San Antonio) | | | |
| | | | | | | | |

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I) - If requesting a death record, date of DEATH is required.

| | | | |
|-------------------------------|--------------|-------------|-----------------------|
| 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:
DEPARTMENT OF VITAL RECORDS
719 S SANTA ROSA
SAN ANTONIO, TX 78204**

For questions or assistance, we can be reached at (210) 207-8781.