

# APPLICATION FOR CERTIFIED BIRTH ABSTRACT

MAIL FORM TO: **CITY OF GRAPEVINE**  
**CITY SECRETARY'S OFFICE**  
**P O BOX 95104**  
**GRAPEVINE, TEXAS 76099-9704**

TELEPHONE: 817-410-3181  
 STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

**Number Requested -** For security reasons, orders for 5 or more certificates must be picked up.

\_\_\_\_\_ CERTIFIED COPIES x \$23.00 = \_\_\_\_\_

*Please make check/money order payable to City of Grapevine*

**MAIL IN APPLICATIONS MUST INCLUDE A NOTARIZED PROOF OF IDENTIFICATION (SEE PAGE 2)**

1. NAME ON RECORD \_\_\_\_\_  
 FIRST MIDDLE (spelled out) LAST SUFFIX
2. DATE OF BIRTH \_\_\_\_\_ 3. SEX \_\_\_\_\_  
 MONTH DAY YEAR
4. PLACE OF BIRTH \_\_\_\_\_  
 CITY COUNTY
5. MOTHER'S NAME (PRIOR TO MARRIAGE) \_\_\_\_\_  
 FIRST MIDDLE (spelled out) MAIDEN LAST NAME
6. FATHER'S NAME \_\_\_\_\_  
 FIRST MIDDLE (spelled out) LAST SUFFIX
7. NAME OF APPLICANT (PERSON SIGNING THE APPLICATION) \_\_\_\_\_  
 FIRST MIDDLE LAST
8. MAILING ADDRESS \_\_\_\_\_  
 STREET ADDRESS, APT NUMBER CITY STATE ZIP
9. TELEPHONE NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 (MONDAY - FRIDAY 8 A.M. - 5 P.M.) (FOR MAIL IN REQUESTS)
10. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 \_\_\_\_\_
11. PURPOSE FOR OBTAINING THIS RECORD \_\_\_\_\_

**Note: If applying for a CDIB card (Indian heritage), you must contact the State of Texas, Bureau of Vital Statistics for a long certificate at 1-888-963-7111 or at [www.dshs.state.tx.us/vs](http://www.dshs.state.tx.us/vs)**

**WARNING STATEMENT: 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, SECTION 195.003)**

\_\_\_\_\_  
 SIGNATURE OF PARENT/APPLICANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DRIVER'S LICENSE NUMBER (enclose copy)

**Parent/Applicant is REQUIRED to submit copy of Driver's  
 License, U.S. Passport or State Identification Card**

FEEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (03/16) BIRTHABSTRACTFORM.XLS

OFFICE USE ONLY

Certificate No. STATE RECORD  
 Control No. \_\_\_\_\_  
 Issue by \_\_\_\_\_  
 Date PU/Mail \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Rec'd Mail/Ofc \_\_\_\_\_  
 Time \_\_\_\_\_ by \_\_\_\_\_

**CERTIFICATES ISSUED**  
**8:00 a.m. - 4:30 p.m., Monday-Friday**  
**APPLICATION DEADLINE: 4:15 p.m.**

**PLEASE PRINT**

**NOTARIZED PROOF OF IDENTIFICATION**

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)		SEX	
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____	
(Name)	
now residing at _____	
(Address)	(City) (State)
who is related to the person on Part I as _____ and who on oath deposes and	
(Relationship)	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Applicant Signature _____	

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

(Personalized Seal)

_____ Signature of Notary Public
_____ Commission Expires
_____ Typed or Printed Name
_____ Street Address
_____ City, State and Zip

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MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF VALID ID TO:

City of Grapevine  
City Secretary's Office  
P.O. Box 95104  
Grapevine, TX 76099

**(APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)**