

APPLICATION FOR CERTIFIED BIRTH ABSTRACT

OFFICE USE ONLY

Certificate No. _____	State _____
Control No. _____	
Issue by _____	
Date PU/Mail _____	
Receipt No. _____	
Rec'd Mail/Ofc _____	
Time _____	by _____

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.

CERTIFICATES ISSUED
8:00 a.m. - 4:30 p.m., Monday-Friday

APPLICATION DEADLINE: 4:15 p.m.

_____ CERTIFIED COPIES x \$23.00 = _____

Please make check/money order payable to City of Grapevine

PLEASE PRINT

MAIL IN APPLICATIONS MUST INCLUDE A NOTARIZED PROOF OF IDENTIFICATION

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

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**

FEES 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. (02/16) BIRTHABSTRACTFORM.XLS