

# APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

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)**

## CERTIFICATES ISSUED

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

**APPLICATION DEADLINE: 4:15 p.m.**

***PLEASE PRINT***

1. NAME ON RECORD \_\_\_\_\_  
FIRST MIDDLE (spelled out) LAST SUFFIX

2. DATE OF BIRTH \_\_\_\_\_ 3. SEX \_\_\_\_\_  
MONTH DAY YEAR

4. HOSPITAL Baylor Scott & White Medical Center - Grapevine Grapevine Tarrant County  
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

**Parent/Applicant is REQUIRED to submit copy of Driver's**

**License, U.S. Passport or State Identification Card**

**Do not mail Verification of Birth Facts - will not be returned**

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) BIRTHHOSPITALFORM.XLS

NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF DEATH</b>	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH
PLACE OF BIRTH (City or County)	SEX

<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
APPLICANTS NAME <i>(person requesting the certificate)</i>	

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)

# INSTRUCTIONS FOR APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

**MAIL IN APPLICATIONS MUST INCLUDE NOTARIZED PROOF OF IDENTIFICATION**

Indicate the number of certificates requested and compute the amount of money to be sent. **Please do not send cash through the mail.** We suggest you send either a personal check or money order made payable to: City of Grapevine.

*NOTE: For security reasons, orders for 5 or more certificates must be picked up. Access to this record is restricted once 10 certificates have been issued (Texas Administrative Code, Chapter 181, Section 181.24).*

Item 1. Name on Record:

State the full name of the person as shown on the birth record.

Item 2. Date of Birth:

Give the exact date of birth.

Item 3. Sex:

Enter Male or Female.

Item 4. Place of Birth:

State the name of the city and county in which the birth occurred.

Item 5. Mother's Name:

Give the full name (including mother's maiden name) as shown on the birth record.

Item 6. Father's Name:

Give the full name as shown on the birth record.

Item 7. Name of applicant:

Give full name of person signing the application.

Item 8. Mailing Address:

Give your complete current mailing address.

Item 9. Telephone Number:

Give a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.

Email address:

For mail-in requests.

Item 10. Relationship to person named on record:

State how you are related to the person on the birth record.

Item 11. Purpose for obtaining this record:

State the reason or purpose for which you are requesting this record.

**Sign and Date** the application. Enclose a copy of **Driver's License, U.S. Passport or State Identification Card** and **Notarized Proof of ID**. Mail to the address at the top of this application with the correct **fee**. Should you require further assistance, please call us at 817-410-3181.