Margie R. Ibarra
WEBB COUNTY CLERK
COUNTY'S CLERK'S OFFICE 1110 VICTORIA ST., SUITE 201 LAREDO, TEXAS 78040

****BY MAIL ONLY****

BIRTH CERTIFICATE APPLICATION

No searches will be processed without a valid photo identification card. State law requires that any time we search for a certificate and it's not found, we must charge a "SEARCH FEE" equal to the certificate fee. Search fees are not refundable or transferable. **The fee for certified copy of a birth certificate is $23.00 each.** The fee is charged regardless of whether a record is found or not. (Texas Health & Safety Code 191.00h.). **Effective 3/21/2019, birth certificates will be mailed out as Certified Mail. Please include and additional $6.90 for postage on separate check or money order. Make sure you are eligible to apply:** Self, Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, or Siblings, Legal Guardian or Representative. **Health & Safety Code is amended by adding Section 191.031 to read as follows: Sec 191.0031. CERTIFIED COPIES BY MAIL. The state registrar or a local registrar may not issue a certified copy of a record under this chapter to a person who has applied for the record by mail unless the person has provided notarized proof of identity.**

***Only 10 Certificates Allowed In a Lifetime ***

No se procesaran búsquedas sin identificación válida que traiga una fotografía. La ley estatal require que cuando se busca una acta y no se encuentra, se cobra un "CARGO DE BUSQUEDA" igual al costo del certificado. El cargo no es regresado no transferible. **La cuota por la Copia de Certificado de Nacimiento es de $23.00 por cada una.** La cuota se cobrara ya sea que se encuentre o no el Registro solicitado (Codigo de Salud Y Seguridad de Texas 191.00h). Efectivo 3/21/2019, se enviara por certificado la acta de naciemiento. Por favor incluya $6.90 adicional para gastos del correo en cheque o cheque de caja separado. **Asegure que califica para aplicar:** Mismo, Madre, Padre, Hermando(a), Hijo(a), Esposo(a), Abuelos(as), Padrastro, Hermanastro(a), Custodia Legal o Represente Legal. **Codigo de salud y seguridad se enmienda al agregar la seccion 191.031 para leer como sigue: 191.0031 seq. COPIAS CERTIFICADAS POR CORREO. El Secretario de estado o un registrador local no puede emitir una copia certificada de un registro bajo este capitulo a una persona que ha solicitado el registro por correro a menos que la persona ha proporcionado identidad prueba notarial.**

Solamente 10 Registros Certificados se Permiten Por Vida

BIRTH INFORMATION

1. **NAME** _____ **2. SEX** _____
   (Nombre) Given Name(S)-(primer nombre) Last name at Time of Birth (Apellido) (Sexo)

3. **DATE OF BIRTH** _____ _____ _____ **DECEASED? No** ☐ **Yes** ☐ **Date** _____
   (Fecha de nacimiento) Month(Mes) Day(Dia) Year(Año) (Fallecido) (Si) (Fecha)

4. **PLACE OF BIRTH** _____
   City or Town (Ciudad o Pueblo) County (Condado)

5. **FATHER (Padre)** _____ _____ _____
   First name (primer nombre) Second (Segundo) Last (Apellido)

6. **MOTHER (Madre)** _____ _____ _____
   First name (primer nombre) Second (Segundo) Maiden (Apellido de soltera)

Applicant's Name / Solicitante

7. **NAME** _____ **Phone No.** _____
   (Nombre del solicitante) (Telefono)

8. **ADDRESS** _____ **CITY/STATE** _____ **Zip** _____
   (Domicilio) (Ciudad/Estado) (Codigo Postal)

9. **RELATIONSHIP TO PERSON ON RECORD** (Relacion o parentesco con la persona registrada) _____

10. **MY PURPOSE IN OBTAINING THE COPY** _____ **No. of COPIES** _____
    (Proposito de Solicitud) (Cantidad de Copias)

11. Would you like to make a voluntary contribution of $5 to promote healthy early childhood by supporting the Texas Home Visiting Program of the Texas Office of Early Childhood Coordination? **Please check Yes** ☐ **or No** ☐

I AGREE TO CONDITIONS (YO ACEPTO LAS CONDICIONES) _____
Signature of Applicant (Firma del Solicitante)

Warning: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records. [HSC 195.003(a)(1-4)]

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE.	
FULL NAME OF PERSON OF RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (CITY OR COUNTY)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

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

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBILC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____

Now residing at _____
(Address) (City) (State) (Zip Code)

who is related to the person named on Part 1 as _____ **and who on oath deposes and**
(Relationship)

says that the contents of this affidavit are true and correct.

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

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FR KNOWNGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISIONMENT AND A FINE UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 198, SEC. 195.003)

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

WEBB COUNTY CLERK'S OFFICE

1110 VICTORIA ST. SUITE 201, LAREDO, TEXAS 78040

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