



Margie Ramirez 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 an additional \$8.69 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 requiere 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 nacimiento. Por favor incluya \$8.69 adicional para gastos del correo en cheque o cheque de caja separado. Asegure que califica para aplicar:** Mismo, Madre, Padre, Hermand(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 correo 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

<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 OF 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 _____			
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 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 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)**