



Margie R. Ibarra

WEBB COUNTY CLERK

COUNTY'S CLERK'S OFFICE 1110 VICTORIA ST., SUITE 201 LAREDO, TEXAS 78040

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). Make sure you are eligible to apply: Self, Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, or Siblings, Legal Guardian or Representative.

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 cobrará ya sea que se encuentre o no el Registro solicitado (Codigo de Salud Y Seguridad de Texas 191.00h). Asegure que califica para aplicar: Mismo, Madre, Padre, Hermano(a), Hijo(a), Esposo(a), Abuelos(as), Padrastro, Hermanastro(a), Custodia Legal o Represente Legal.

Only 10 Certificates Allowed In a LifetimeSolamente 10 Registros Certificados se Permiten Por Vida***

BIRTH INFORMATION

1. NAME (Nombre) Given Name(S)-(primer nombre) Last name at Time of Birth (Apellido) 2. SEX (Sexo)
3. DATE OF BIRTH (Fecha de nacimiento) Month(Mes) Day(Dia) Year(Año) DECEASED? No Yes Date (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 (Nombre del solicitante) Phone No. (Telefono)
8. ADDRESS (Domicilio) CITY/STATE (Ciudad/Estado) Zip (Codigo Postal)
9. RELATIONSHIP TO PERSON ON RECORD (Relacion o parentesco con la persona registrada)
10. MY PURPOSE IN OBTAINING THE COPY (Proposito de Solicitud) No. of COPIES (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)]

FOR OFFICE USE ONLY

Table with 3 columns: DATE, BATCH CTRL NO., FEES, TRANSACTION#, VOLUME, PAGE, RECEIVING CLERK, ISSUING CLERK, ISSUED (YES/NO), DNI, NOT FOUND