

CITY OF BEDFORD  
 VITAL STATISTICS  
 2000 FOREST RIDGE  
 BEDFORD, TX 76021-1895  
 817-952-2112  
 817-952-2397 fax  
 817-952-2211 alternate fax

**APPLICATION FOR  
 CERTIFIED COPIES OF  
 BIRTH CERTIFICATE**

**PLEASE PRINT**

Receipt No. \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Money Order \_\_\_\_\_  
 MC/Visa \_\_\_\_\_  
 Expiration \_\_\_\_\_  
 Control No. \_\_\_\_\_

THE FOLLOWING ARE THE ONLY  
 RECOGNIZED QUALIFIED APPLICANTS

**Abstract**       **Full Record**

**BIRTH**

# REQUESTED  
 1 CERTIFIED COPY X \$23.00 = \$23.00  
 EXTRA COPIES OF  
 SAME RECORD X \$23.00 = \_\_\_\_\_  
 EXPEDITED SHIPPING = \_\_\_\_\_  
 Via Express Mail  
**TOTAL ENCLOSED** = \_\_\_\_\_

Please check **your** relationship to person in #1:  
 Self                       Sibling  
 Parent                     Child  
 Grandparent             Legal Representative  
 Stepparent               Guardian  
 Spouse                     Military Recruiter

**I ACCEPT THIS CERTIFIED COPY AS IS:**

State/Registrar File # \_\_\_\_\_

<b>Full Name On Birth Record</b>	1. First Name	Middle Name	Last Name at Birth
<b>Date Of Birth</b>	2. Month	Date	Year
<b>City Of Birth</b>	4. City or Town	County	State TEXAS
<b>Full Name Of Father</b>	5. First Name	Middle Name	Last Name
<b>Full Maiden Name Of Mother</b>	6. First Name	Middle Name	Maiden Name

8. YOUR NAME: \_\_\_\_\_ 9. Phone# 8:00am – 5:00pm (\_\_\_\_\_) \_\_\_\_\_

10. MAILING ADDRESS: \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

11. YOUR RELATIONSHIP TO PERSON IN ITEM 1: \_\_\_\_\_

12. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

**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. {HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003}**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 IDENTIFICATION TYPE  
 Driver's License, I.D. Card, etc.

\_\_\_\_\_  
 NUMBER  
 on Driver's License, I.D. Card, etc.

Birth records are confidential for 75 years: therefore, issuance is restricted to qualified applicants. **PLEASE ATTACH A PHOTOCOPY OF IDENTIFICATION TO APPLICATION. WE WILL PROCESS NO REQUEST WITHOUT IDENTIFICATION.** Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record.  
 Fees are subject to change without notice. (Call 817-952-2112 for fee verification.)

Office Use Only      Issued by: \_\_\_\_\_