



City of Texarkana, TX Vital Statistics

Mail-in or Drop-off this Completed Application, Payment and Photocopy of your Valid U.S. Photo ID to:

City of Texarkana Texas-Vital Statistics – 220 Texas Blvd. - Texarkana, TX 75501

Phone: 903-798-3910 Fax: 903-798-1757

****the City is not responsible for lost or misdirected mail ****

MAIL-IN/DROP-OFF Application for BIRTH CERTIFICATE

INSTRUCTIONS

Read all instructions carefully before completing the application.

- **A photocopy of your Valid ID MUST be mailed in with this application. **NO CASH** CHECKS OR MONEY ORDERS ONLY.**
- ***Your signature is required and indicates that the information given is true and correct, under penalty of law.**

APPLICANT:		VALID I.D. IS REQUIRED	Please Print	
Your Name (First, Middle, Last - Person completing form)		Your Relation to Person on Certificate: Self Child, Spouse, Parent, Brother/Sister, Grandparent, Legal Guardian/Representative (PROOF REQUIRED)		
Your Mailing Address		City	State	Zip Code
Phone Number	Purpose for Certificate: Newborn, Travel/Passport, School, Insurance, Records, Other	*Your Signature		Date Signed

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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, SEC. 195.003)

BIRTH \$23 FOR EACH CERTIFICATE / ADD A \$2 MAILING FEE FOR ORDER

NUMBER OF CERTIFICATES _____

Full Name on Birth Certificate (First, Middle, Last)		Sex	Date of Birth
City of Birth:	County of Birth:	TEXAS BIRTHS ONLY	
Father/Parent's First Name	Middle Name	Last Name	
Mother/Parent's First Name	Middle Name	Mother Maiden Name	

To your knowledge, has there ever been a name change or amendment filed to this certificate? Yes / No

Is the Certificate Holder still living? Yes / No

ALL APPLICANTS MUST COMPLETE THIS SECTION IN FRONT OF A NOTARY

_____ personally appeared before me and being first duly sworn, declared that he/she has filled out the above application and declared under penalty of perjury that all statements made in this supporting document are true and correct.

(Printed name of **Applicant**)

Signature of applicant: _____

Signed and affirmed in my presence on this ____ day of _____, 20____ (seal)

Notary Signature: _____

Notary Printed Name: _____

State of _____ County of _____

My commission expires: _____

REV 4-28-2025

For Office Use Only: ID / DL	Issued By:	Receipt No:	Pay Type: CHECK MONEY ORDER
Local Database Count: YES N/A	Mail Date:	Verified Mail Before Shipping	Mail Log: YES Received / YES Completed
Security Paper No: Long /Short	File No:	NOTES:	Application Log: YES