



Vital Statistics

CITY OF SAN BENITO
VITAL STATISTICS
485 N SAM HOUSTON
SAN BENITO, TX 78586
(956)361-3800

APPLICATION FOR COPY OF CERTIFIED BIRTH CERTIFICATE

_____ CERTIFIED COPY X \$23.00 (Cash or Money Order only, personal checks will not be accepted)
FEES ARE NOT REFUNDABLE

-----PLEASE PRINT-----

- 1. NAME ON BIRTH RECORD _____
FIRST MIDDLE LAST
- 2. DATE OF BIRTH _____ 3. FEMALE _____ MALE _____
MONTH DAY YEAR
- 4. PLACE OF BIRTH _____
- 5. FATHER'S FULL NAME _____
FIRST MIDDLE LAST
- 6. MOTHER'S FULL NAME _____
FIRST MIDDLE MAIDEN NAME
- 7. APPLICANTS FULL NAME _____ 8. PHONE # () _____
- 9. APPLICANTS ADDRESS _____
PHYSICAL ADDRESS CITY STATE ZIP CODE
- 10. PURPOSE FOR OBTAINING RECORD _____

(For example: Social Security, Medicaid, Welfare, School, Employment, or Passport)

Applicant's Information (Relationship to person in question 1)

- SELF- Must provide VALID PICTURE ID (Government Issued, NO COPY)
- PARENT- Must provide VALID PICTURE ID (Government Issued, NO COPY) and Must be listed on Birth Certificate
- SON/DAUGHTER- Must provide VALID PICTURE ID (Government Issued, NO COPY) and their Birth Certificate
- BROTHER/SISTER- Must provide VALID PICTURE ID (Government Issued, NO COPY) and provide their Birth Certificate
- SPOUSE- Certified Marriage License and Valid picture ID (Government Issued, NO COPY). Must be listed on Certificate
- GRANDPARENT- Must provide VALID PICTURE ID (Government Issued, NO COPY) and Birth Parent's Birth Certificate
- LEGAL GUARDIAN- Must provide VALID ID PICTURE and Must provide Certified Court Order
- ATTORNEY- Must provide certified copy of court issued document that establishes legal interest

ALL MAIL REQUESTS MUST BE NOTARIZED & INCLUDE COPY OF CURRENT ID.

- INCLUDE MONEY ORDER OR CASHIERS CHECK PAYABLE TO THE CITY OF SAN BENITO. *DO NOT SEND CASH*
- MONEY ORDERS MUST BE MADE PAYABLE TO: CITY OF SAN BENITO
- MAIL TO: VITAL STATISTICS DEPARTMENT 485 N. SAM HOUSTON SAN BENITO, TX 78586

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE TWO (2) TO TEN (10) YEARS IN PRISON AND A FINE OF UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC.195.003)

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

Volume # _____ Page # _____ File # _____ Document # _____ Issued By _____