



Jennifer Fogg, County Clerk
 1111 East Yellowjacket Ln.
 Suite 100
 Rockwall, Texas 75087

For Office Use Only: (Blue Ink Only)
 State/Rockwall
 Paper #: _____
 Last Name: _____

APPLICATION FOR TEXAS BIRTH CERTIFICATE OR ROCKWALL COUNTY DEATH CERTIFICATE

BIRTH – Number Requested

_____ \$23.00 each

Adoption: Yes _____ No _____

DEATH – Number Requested

_____ \$21.00 for the 1st Certified Copy
 _____ \$4.00 for each additional request at the current time

Full Name on Birth/Death Record

First **Middle** **Last**

Date of Birth or Death _____ **Gender** _____

City of Birth/Death _____ **County of Birth/Death** _____

Mother/Parent 1 _____

First **Middle** **Last (Maiden)**

Father/Parent 2 _____

First **Middle** **Last**

Applicant Name _____

First **Middle** **Last**

Applicant Phone Number _____ **Email Address** _____

Applicant Mailing Address _____

Street **City** **State** **Zip Code**

Relationship to Person Named on Birth/Death Record _____

Purpose for Obtaining Copy of Certificate: Driver License _____ School _____ Passport _____

Social Security _____ Travel _____ Newborn _____ ID _____ Other (please specify) _____

NOTICE: Incomplete applications will not be processed. I understand that this record may not be accepted by the Passport Office. You are obligated to purchase and any all-printed records.

Signature of Applicant

Date

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 up to \$10,000. HS&C Chapter 195, Sec 195.003.