

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

<u>APPLICATION FOR TEXAS BIRTH CERTIFICATE OR ROCKWALL COUNTY DEATH CERTIFICATE</u>

SEARCH	BIRTH – Number Requested			DEATH – Number Requested		
\$10.00 each	\$23.00 each (includes search fee) Adoption: Yes No			\$21.00 for the 1st Certified Copy (includes search fee) \$4.00 for each additional request at the current time		
Full Name on Birth/Dea	ath Record					
First	Middle		Las	t	Suffix (if applicable)	
Date of Birth or Death						
City of Birth/Death	County of Birth/Death					
Mother/Parent 1 First		Middle	Maiden Las	st Name (Befo	ore First Marriage)	
Father/Parent 2First		Middle		Last	Suffix (if applicable)	
Applicant NameFirst		Middle		Last		
Applicant Phone Numb	per Email Address					
Applicant Mailing Addı	ess Street	Cit	y	State	Zip Code	
Relationship to Person	Named on Birth	n/Death Record _				
Purpose for Obtaining	Copy of Certific	ate: Driver Licens	se School	Pass	port	
Social Security Tr	avel Newb	oorn ID	_ Other (please	specify)		
NOTICE: Incomplete ap Passport Office. You are				s record may	not be accepted by the	
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. Updated 9.07.2023