



Office of Sylvia Garza-Perez
 County Clerk, Cameron County, Texas
 Application for Birth Certificate
 (Solicitud para Registro de Nacimiento)

NO. _____ OF CERTIFIED COPIES X \$23.00 = \$ _____
 (Numero de Copias Certificadas)

TOTAL ENCLOSED:\$ _____

ABSTRACT COPY _____
 STATE OF TEXAS
 (Tipo Abstracto)

LONG FORM _____
 CAMERON COUNTY
 (Forma Larga)

PLASTIC PROTECTOR \$1.00 _____
 (Protector)

VERIFICATION OF BIRTH ONLY = **\$22.00**

*I wish to make a voluntary contribution of \$5.00 to promote healthy
 Deseo hacer una contribucion de \$5.00 para promover la salud en la temprana edad de la niñez apoyando al
 early childhood by supporting the Texas Home Visitation Program administered
 Programa de Texas Home Visitation administrado por la Oficina de Coordinacion Temprana a la Niñez de el
 by the Office of Early Child/rood Coordination of Health and Human Services.
 Departamento de Salud y Servicios Humanos de Texas (HHS).*

••NO REFUNDS / NO DEVOLUCIONES ••

1: FULL NAME OF PERSON ON RECORD (NOMBRE COMPLETO DE LA PERSONA EN EL REGISTRO)

2: DATE OF BIRTH (FECHA DE NACIMIENTO) _____ 3: SEX (SEXO) _____

4: PLACE OF BIRTH (LUGAR DE NACIMIENTO) a: CITY (CIUDAD): _____ b: COUNTY (CONDADO): _____ c: STATE (ESTADO): _____	5: _____ HOSPITAL _____ MIDWIFE (PARTERA)
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6: FULL NAME OF FATHER: (NOMBRE COMPLETO DEL PADRE)	7: FULL MAIDEN NAME OF MOTHER: (NOMBRE DE MADRE CON APELLIDO DE SOLTERA)
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- 8: APPLICANT'S NAME (SU NOMBRE): _____
- 9: MAILING ADDRESS (SU DIRECCION): _____
- 10: TELEPHONE # (SU NUMERO DE TELEFONO): _____
- 11: RELATIONSHIP TO PERSON IN ITEM # 1:
(PARENTESCO A LA PERSONA DEL REGISTRO) _____
- 12: PURPOSE FOR OBTAINING RECORD:
(LA RAZON POR LA CUAL NECESITA EL REGISTRO) _____

ORIGINAL ILLEGIBLE _____

ORIGINAL INCORRECT _____

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

ADVERTENCIA: HACIENDO FALSAS DECLARACIONES EN ESTA FORMA PUEDE LLEVAR DE 2 a 10 AÑOS DE CARCEL Y UNA MULTA DE HASTA \$10,000.00 (Codigo de Salud y Seguridad, Capitulo 195, SEC. 195.003)

 SIGNATURE OF APPLICANT
 (FIRMA DEL APLICANTE)

 TODAY'S DATE
 (FECHA DEL DIA DE HOY)

IDENTIFICATION TYPE: _____

NUMBER: _____

<p>ATTACH PHOTOCOPY OF A VALID STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD</p> <ul style="list-style-type: none"> - Fees are subject to change without notice (call 956-544-0817 for fee verification) - Birth records are confidential for 75 years, therefore issuance is restricted. Please attach a photocopy of ID to application. Administrative rules require that 011 restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record. <p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>ISSUING CLERK _____ CERTIFICATE NO. _____ RECEIPT NO. _____</p>
