APPLICATION FOR CERTIFIED BIRTH ABSTRACT

MAIL FORM TO: CITY OF GRAPEVINE

CITY SECRETARY'S OFFICE

P O BOX 95104

GRAPEVINE, TEXAS 76099-9704

TELEPHONE: 817-410-3181

STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

Number Requested - For security reasons, orders for 5 or more certificates must be picked up.

_____ CERTIFIED COPIES x \$23.00 =

Please make check/money order payable to City of Grapevine

OFFICE USE ONLY

Certificate No	State	
Control No		
Issue by		
Date PU/Mail_		
Receipt No		
Rec'd Mail/Ofc_		
Time	by	

CERTIFICATES ISSUED 8:00 a.m. - 4:30 p.m., Monday-Friday

APPLICATION DEADLINE: 4:15 p.m.

PLEASE PRINT

MAIL IN APPLICATIONS MUST INCLUDE A NOTARIZED PROOF OF IDENTIFICATION

1. NAME ON RECORD_							
		FIRST		MIDDLE (spelled out)		LAST	SUFFIX
2. DATE OF BIRTH					3 SEX		
Z. DATE OF BIRTH	MONTH	DA	Y	YEAR	0. OLX _		
4. PLACE OF BIRTH							
		CITY				COUNTY	
5. MOTHER'S NAME							
(prior to marriage)	F	FIRST		MIDDLE (spelled out) MAIDEN LAST NAME		NAME	
6. FATHER'S NAME							
		FIRST		MIDDLE (spelled out)		LAST	SUFFIX
7. NAME OF APPLICANT	Γ						
(person signing the applica	tion)	FIRST		MIDDLE		LAST	
8. MAILING ADDRESS _							
	STREE	T ADDRESS,	APT NUMBER	CITY		STATE	ZIP
9. TELEPHONE NO		EMAIL:					
	(MONI	DAY - FRIDAY	8 A.M 5 P.M.)		(FOR MAIL I	N REQUESTS)	
10. YOUR RELATIONSH	IP TO PERSO	N NAMED I	N ITEM 1				
11. PURPOSE FOR OBTA	AINING THIS F	RECORD					
Note: If applying for a CDIE 7111 or at www.dshs.state.	•	eritage), you	must contact	the State of Texas, Bu	ureau of Vital Sta	atistics for a lon	g certificate at 1-888-963-
WARNING STATEMENT: IT I FORM OR FOR SIGNING A FOR CODE, CHAPTER 195, SECTION	M WHICH CONTA						
SIGNATURE OF PARENT/APPLI	CANT					DA	ΓE
				Parent/Applic	ant is REQUII	RED to subm	it copy of Driver's
DRIVER'S LICENSE NUMBER (enclose copy)		License, U.S. Passport or State Identification Card					

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (02/16) BIRTHABSTRACTFORM.XLS

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIR	тн					
FULL NAME OF PERSON ON RECORD			DATE OF BIRTH			
PLACE OF BIRTH (City or County)			1	SEX		
PART II. ENTER RELATIONSHIP TO PERSON ON	RECORD AND TH	E TYPE OF II	DUSED			
NAME AND RELATIONSHIP TO PERSON ON REC		TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED				
APPLICANTS NAME (person requesting the ce	rtificate)	1				
AFF	FIDAVIT OF	PERSON	AL KNO	WLEDGE		
PART III. THIS SECTION MUST BE SIGNED IN THI	E PRESENCE OF	A NOTARY P	UBLIC			
STATE OF						
COUNTY OF						
Before me on this day appeared						
now residing at	(Name)					
(Address)	(City)		(State)	<u> </u>		
who is related to the person on Part I as	(Dalatia nahin)		and wh	no on oath deposes and		
says that the contents of this affidavit signed by me ar	(Relationship) nd that the statemer	nts are true ar	nd correct.			
			Applicant Signature			
Sworn to and subscribed before me, this	day	of		., 20		
				Signature of Notary Public		
(Paysonalized Seel)				organical of rectary is ablice		
(Personalized Seal)		Commission Expires				
				Typed or Printed Name		
				Street Address		
				City. State and Zip		

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

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF VALID ID TO:

City of Grapevine City Secretary's Office P.O. Box 95104 Grapevine, TX 76099

(APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED)

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED BIRTH ABSTRACT

MAIL IN APPLICATIONS MUST INCLUDE NOTARIZED PROOF OF IDENTIFICATION (SEE PAGE 2 OF APPLICATION)

Indicate the number of certificates requested and compute the amount of money to be sent. **Please do not send cash through the mail.** We suggest you send either a personal check or money order made payable to: City of Grapevine.

NOTE: For security reasons, orders for 5 or more certificates must be picked up. Access to this record is restricted once 10 certificates have been issued (Texas Administrative Code, Chapter 181, Section 181.24).

- Item 1. Name on Record: Give the full name of the person as shown on the birth record.
- Item 2. Date of Birth: Give the exact date of birth.
- Item 3. Sex: Enter Male or Female.
- Item 4. Place of Birth: State the name of the city and county in which the birth occurred.
- Item 5. Mother's Name: Give the full name (including mother's maiden name) as shown on the birth record.
- Item 6. Father's Name: Give the full fame as shown on the birth record.
- Item 7. Name of Applicant: Give full name of person signing the application.
- Item 8. Mailing Address: Give your complete current mailing address.
- Item 9. Telephone Number: Give a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday. Email address: For mail-in requests only.
- Item 10. Relationship to person named on record: State how you are related to the person on the birth record.
- Item 11. Purpose for obtaining this record: State the reason or purpose for which you are requesting this record.

Sign and **Date** the application. Enclose a copy of **Driver's License**, **U.S. Passport or State identification card**, and **Notarized Proof of ID**. Mail to the address at the top of this application with the correct **fee**.

Should you require further assistance, please call us at 817-410-3181.