



**DeWitt County Clerk**  
**102 N. Clinton St., Suite 120**  
**Cuero, Texas 77954**  
**361-275-0864**

<b>OFFICE USE ONLY</b>
Certificate Number _____
Clerk's Initials _____
Receipt Number _____

**MAIL APPLICATION FOR BIRTH RECORD**

**PLEASE PRINT CLEARLY. INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.**

COST & FEES			
Record Type	Quantity	Price/Each	Total
<input type="radio"/> Birth Certificate		\$23.00	\$
<input type="radio"/> Plastic Protective Letter Size Sleeve		\$2.00	\$
<input type="radio"/> I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting The Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.		Optional	\$
<b>Total (Check or money order payable to DeWitt County Clerk)</b>			\$

INFORMATION FOR PERSON NAMED ON BIRTH RECORD				
Full Name on Record:	First Name	Middle Name	Last Name	
Date of Birth:	Month	Day	Year	Sex
Place of Birth	City or Town	County	Texas	
Full Name of Parent 1	First Name	Middle Name	Maiden Last Name (Before first marriage)	
Full Name of Parent 2	First Name	Middle Name	Maiden Last Name (Before first marriage)	

APPLICANT INFORMATION			
Your Name (First, Middle & Last Name):			
Address:	City:	State:	Zip Code
Email Address:	Daytime Phone Number:		
<b>Your Relationship to person named on certificate (Check One):</b> <input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Grandparent <input type="radio"/> Legal Guardian (proof required) <input type="radio"/> Legal Representative (proof required) <input type="radio"/> Other: _____			
<b>Reason for Request:</b> <input type="radio"/> Newborn <input type="radio"/> Driver's License <input type="radio"/> Travel/Passport <input type="radio"/> Records <input type="radio"/> School <input type="radio"/> Insurance <input type="radio"/> Other: _____			
<input type="radio"/> I authorize mailing to the address below instead of my mailing address listed above.			
Name:			
Address:	City:	State:	Zip Code

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2-10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.003)**

APPLICANT'S SIGNATURE & AFFIDAVIT (NOTARY SECTION)	
Applicant's Signature _____	Date Signed: _____
STATE OF _____	
COUNTY OF _____	
This instrument was acknowledged before me on _____, 20 ____	
by _____ (Applicant's Name).	
_____ (Notary Public Signature)	

**APPLICATIONS WITHOUT SIGNATURE, PAYMENT & PHOTO ID WILL NOT BE PROCESSED**