CITY SECRETARY'S OFFICE
CITY OF LEWISVILLE
151 W. CHURCH STREET, LEWISVILLE, TX 75057
P. O. BOX 299002, LEWISVILLE, TX 75029-9002 (MAILING ADDRESS)
PHONE (972) 219-3413
PLEASE MAKE CHECKS PAYABLE TO: CITY OF LEWISVILLE

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

(SOLICITUD PARA la ACTA De NACIMIENTO O el ACTA De DEFUNCIÓN)

BIRTH CERTIFICATES ☐	**DEATH CERTIFICATES** ☐
(ACTA De NACIMIENTO)	**(ACTA De DEFUNCIÓN)**
# REQUESTED (# Cantidad)	# REQUESTED (# Cantidad)
_____CERTIFIED COPIES X $23.00 =_____ (Copias Certificadas)	_____CERTIFIED COPY X $21.00=_____ (Copia Certificada)
	_____ EXTRA COPIES X $4.00 = _____ (Copias Extra)
TOTAL =_____	**TOTAL =**_____

1. FULL NAME OF PERSON ON RECORD: (Nombre Completo En El Registro) ➔	FIRST NAME (Primer Nombre)	MIDDLE NAME (Segundo Nombre)	LAST NAME (Apellido) / Suffix (el sufijo)
2. DATE OF BIRTH OR DEATH: (Fecha De Nacimiento O Defunción) ➔	MONTH - DAY – YEAR	(Mes – Dia – Ano)	**3.** SEX (Sexo) ☐ FEMALE OR ☐ MALE (Mujer) (Hombre)
4. PLACE OF BIRTH OR DEATH: (Lugar De Nacimiento O Defunción) ➔	CITY (Ciudad) Lewisville	COUNTY (Condado) Denton	STATE (Estado) Texas
5. FULL NAME OF FATHER / DATE OF BIRTH (Nombre Del Padre / Fecha De Nacimiento) ➔	FIRST NAME (Primer Nombre)	MIDDLE NAME (Segundo Nombre)	LAST NAME / (Apellido) DATE OF BIRTH (Fecha De Nacimiento)
6. FULL MAIDEN NAME OF MOTHER / DATE OF BIRTH (Nombre De La Madre / Fecha De Nacimiento) ➔	FIRST NAME (Primer Nombre)	MIDDLE NAME (Segundo Nombre)	MAIDEN NAME / (Apellido De Soltera) DATE OF BIRTH (Fecha De Nacimiento)

7. YOUR NAME: _____ PHONE # (____) _____
(Su Nombre) (No. De Teléfono)

8. MAILING ADDRESS: _____
(Su Domicilio) STREET ADDRESS (Dirección de Calle) CITY (Ciudad) STATE (Estado) ZIP (Código)

9. YOUR RELATIONSHIP TO PERSON ON CERTIFICATE: _____
(Su Relación a La Persona en el Registro)

10. PURPOSE FOR OBTAINING THIS RECORD: _____
(El Propósito Para Obtener Este Registro)

_____ _____
SIGNATURE OF APPLICANT (La firma de Solicitante) DATE (Fecha)

GOVERNMENT PHOTO IDENTIFICATION TYPE AND NUMBER (ATTACH PHOTOCOPY) _____
(Tipo de Identificación Y Numero- Fotocopia)

APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED
(LAS APLICACIONES SIN IDENTIFICACIÓN CON FOTO Y LA ADJUNTA DECLARACIÓN JURADA NO SE PROCESARÁN)

11. FOR DEATH CERTIFICATES: ADDITIONAL IDENTIFYING INFORMATION
(**Para Actas De Defunción**): Información De Identificación Adicional)
BIRTH DATE _____ BIRTH PLACE _____
(Fecha De Nacimiento) (Lugar De Nacimiento)

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO $10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)
(La ADVERTENSIA: LA PENA PARA HACER ASTUTAMENTE UNA DECLARACION FALSA EN ESTA FORMA PUEDE SER 2-10 AÑOS EN la PRISION Y UNA MULTA D ARRIBA A $10.000) (CODIGO de SALUD Y SEGURIDAD, el CAPITULO195, la SEC 195.003)

FILE NO. _____
CONTROL NO. _____
RECEIPT NO. _____
TIME & DATE _____
BY _____
IN PERSON_____ **MAIL** _____

BIRTH RECORDS ARE CONFIDENTIAL FOR 50 YEARS AND DEATH RECORDS FOR 25 YEARS; THEREFORE, ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 9) AND PURPOSE (ITEM10) BE PROVIDED IN ORDER TO ISSUE RECORD

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
(Name)

now residing at _____,
(Address) (City) (State)

who is related to the person named on Part I as _____ and who on oath deposes and
(Relationship)

says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)	Signature of Notary Public
	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 KNOWINGLY 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

City of Lewisville
City Secretary's Office
P.O. Box 299002
Lewisville, TX 75029-9002

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