

Office of the Kleberg County Clerk
SALVADOR (SONNY) BARRERA III
P.O. Box 1327
Kingsville, Texas 78364-1327
(361) 595-8548

Application for Certified Copy of Birth / Death Certificate

*** PLEASE PROVIDE PROPER IDENTIFICATION WITH REQUEST ***

BIRTH

DEATH

____ LONG FORM(\$) X \$23.00 = _____ ____ LONG FORM(\$) X \$21.00 _____
____ EXTRA COPIES \$4.00 = _____
(death only)

____ ABSTRACT (out of county) X\$23.00 = _____

TOTAL AMOUNT DUE \$ _____ TOTAL AMOUNT DUE \$ _____

*** ABSTRACTS ARE NOT ACCEPTED FOR PASSPORT PURPOSE ***

FULL NAME OF PERSON ON RECORD	FIRST NAME	MIDDLE NAME	LAST NAME AT BIRTH
DATE OF BIRTH/DEATH	MONTH	DAY / YEAR	SEX MALE / FEMALE
PLACE OF BIRTH/DEATH	CITY	COUNTY	STATE TEXAS
FATHER'S FULL NAME	FIRST	MIDDLE	LAST
MOTHER'S MAIDEN NAME	FIRST	MIDDLE	MAIDEN

PERSON REQUESTING COPY (APPLICANT) _____

ADDRESS _____ CITY _____ STATE/ZIP _____

PHONE NUMBER: _____

RELATIONSHIP TO PERSON ON RECORD _____

PURPOSE FOR OBTAINING THIS RECORD _____

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, SECTION 195.003)

APPLICANT'S SIGNATURE

DATE

TYPE OF ID _____ ID# _____ EXP. DATE _____

FILE # _____ PAPER # _____ RECEIPT # _____

M# _____ REF# _____ CREDIT CARD REC. _____