

For Office Use Only
 Cert. # _____
 DOCUMENT CONTROL# _____

 By: _____

DWIGHT D. SULLIVAN
Galveston County Clerk
600 59th Street, Suite 2001
Galveston, Texas 77551
 Tel: (409) 766-2200

For Office Use Only
 Remit No. _____
 Amount \$ _____
 Cash _____ Check _____
 Date: _____ By: _____

Application for Delayed Birth or Delayed Death Record

Delayed Birth
 Amount Requested

___ Certified Copy \$22.00 ea

Delayed Death
 Amount Requested

___ Certified Copy \$20.00
 ___ Each Additional Copy \$4.00 ea
 (of the same record)

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. Your Name : _____ 8. Telephone: () _____

9. Mailing Address: _____ City: _____ State/Zip: _____

10. Relationship to person named in Item 1 above: _____

11. Purpose for obtaining this record: _____

12. Additional identifying information for DEATH certificate:

Social Security Number of Deceased _____ Birth Date _____ Birth Place: _____

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable. Checks for amount of purchase only.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON 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)
 Birth records are confidential for 75 years and Death records are confidential for 25 years, therefore, issuance is restricted. The record may be obtained when sufficient information for identification is provided.
 Administrative rules require that on restricted records, all identifying information in Items 1-6 and 10-12 must be provided in order to issue such record being requested along with a Xerox copy of the identification from the person requesting the record.

Your Signature: _____

Date of Application: _____

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 _____ (Relationship) and who on oath deposes and

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:

Dwight D. Sullivan
Galveston County Clerk
600 59th Street, Suite 2001
Galveston, TX 77551

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