Birth/Death Certificate Information

| Short Form Abstract Birth Certificate | This format satisfies most purposes, including registering a child for school or sports and obtaining a driver license in most states. The Abstract format of the Birth Certificate is available for all Texas Birth regardless of County. This certificate MAY NOT be accepted by the U.S. Passport Office as a valid birth certificate. | Long Form Birth Certificate | Used most often to obtain a passport. It's also typically required for purposes of dual citizenship and immigration. This format is not available for the City of Dallas. |

Qualified Applicants
- Self
- Parent
- Spouse
- Grandparent
- Sibling
- Child
- Legal Guardian (Must provide certified copy of legal documentation)
- More information can be found online @ www.medinacountytexas.org

Long Form Birth Certificates & Death Certificates AVAILABLE for the following MEDINA COUNTY CITIES
- Castroville
- Natalia
- Rio Medina
- Devine
- Yancey
- D’hanis
- LaCoste
- Hondo
- Mico
- Lytle
- Some of Bandera Area

Long Forms Birth & Death Certificates
NOT AVAILABLE for outside of Medina County

Order all Texas Records (1903 to Present)
Austin Vitals Statistics
1100 W. 49th St.
Austin, TX 78756
Mon-Fri 8am - 5pm
1 - (888) 963 – 7111
www.Texas.gov

Routine Service
We are processing routine applications in approximately 2-3 weeks from the time application is submitted to us by mail.

Expedite Service
Mail your request by Overnight Mail Service AND with enclosed paid Overnight Mail Envelope to expedite your request. May be mailed by FEDEX, UPS, or USPS Express mail. 2-5 business day service.

Mail the following Items
- Form Completed and Signed
- Notarized Copy of ID
- Money Order Payable to: Medina County Clerk
(Printed no more than 60 days)
- Optional: Self Addressed Pre-postage Envelope (Certified, Priority, Express, Etc.)

Mailing Address
Medina County Clerk’s Office
ATTN: Birth/Death Certificate
1300 Ave M , Rm 163
Hondo, TX 78861
**PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE**

<table>
<thead>
<tr>
<th>FULL NAME OF PERSON ON RECORD</th>
<th>DATE OF BIRTH/DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLACE OF BIRTH/DEATH (City or County)</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL NAME OF PARENT 1</th>
<th>FULL NAME OF PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

<table>
<thead>
<tr>
<th>NAME AND RELATIONSHIP TO PERSON ON RECORD</th>
<th>TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 _______.  

Signature of Notary Public  

(Seal)

**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:  
Medina County Clerk  
1300 Ave M, Rm 163  
Hondo, TX 78861

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)
### Application for Certified Copy
Birth or Death Certificate

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth Certificate</strong> (Short Form)</td>
<td>$23.00 each</td>
</tr>
<tr>
<td><strong>Birth Certificate</strong> (Long Form)</td>
<td>$23.00 each</td>
</tr>
<tr>
<td><strong>Death Certificate</strong> (Medina County Only)</td>
<td>$21 1st copy</td>
</tr>
<tr>
<td>Additional Copies</td>
<td>$4 each</td>
</tr>
</tbody>
</table>

Cash, Money Order, or Debit/Credit Accepted (convenience fee applies for card payments).

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

---

### BIRTH/DEATH RECORD INFORMATION (Información de certificado)

1. **Name on Record:**
   - First name/Primer nombre
   - Middle/Segundo nombre
   - Last Name/Appellido

2. **Date of Birth:**
   - Month/Mes
   - Day/Día
   - Year/Año

3. **Place of Birth/Death:**
   - City / Cuidad de nacimiento
   - County/Condados de nacimiento
   - State/Estado de nacimiento

4. **Hospital name:**
   - (Hospital)

5. **Parent 1:**
   - [ ] Mother [ ] Father
   - First/Primer nombre
   - Middle/Segundo nombre
   - Maiden or Last Name/Appellido Anterior

6. **Parent 2:**
   - [ ] Mother [ ] Father
   - First/Primer nombre
   - Middle/Segundo nombre
   - Maiden or Last Name/Appellido Anterior

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### YOUR INFORMATION (Información de solicitante)

- **Relation to:**
  - [ ] Self [ ] Father [ ] Spouse [ ] Legal Guardian
  - [ ] Mother [ ] Sibling [ ] Child [ ] Grandparent

- **Your Name:**
  - First/Primer nombre de solicitante
  - Middle/Segundo nombre
  - Last Name/Appellido

- **Home address:**
  - (Domicilio)
  - # Street/Calle
  - Apt #
  - City/Ciudad
  - State/Estado
  - Zip Code/Código

- **Phone #:**
  - (Teléfono)
  - (For Receipt)

- **Mailing address:**
  - (Residencia de domicilio es diferente)
  - First/Primer nombre de solicitante
  - Middle/Segundo nombre
  - Last Name/Appellido

### Office Use Only

- **ID/Driver's License:**
  - ID #
- **Passport:**
  - Expire Date
- **Other:**
  - State of Issue

- **Clerk:**
  - Year
  - Amount
  - Book
  - Page

- **Receipt:**
  - Security Paper Number

---

¿Quieres recibir un recibo por correo electrónico? [Sí] [No]
¿Quieres recibir un recibo impreso? [Sí] [No]

Form revised 07/20/2016 DCCTYW