

Office of Gina Champion County Clerk Medina County, Texas www.medinacountytexas.org Medina County Courthouse Annex 1300 Ave M , Rm. 163 Hondo, TX 78861 (830) 741 - 6040

# **Birth/Death Certificate Information**



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 <u>MAY NOT</u> be accepted by the U.S. Passport Office as a valid birth certificate.

Long Form Birth Certificate				
	County of Medina Texas			
	YOID			

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	EXPEDITE SERVICE
We are processing routine applications in approximately <b><u>2-3 weeks</u></b> from the time application is submitted to us by mail.	Mail your request by Overnight Mail Service <u>and</u> with enclosed paid Overnight Mail Envelope to expedite your request. May be mailed by FEDEX, UPS, or USPS Express mail. <u>2-5 business day service.</u>

Mail the following Items	Mailing Address
Form Completed and Signed	
Notarized Copy of ID	Medina County Clerk's Office
Money Order Payable to:	ATTN: Birth/Death Certificate
Medina County Clerk	-
(Printed no more than 60 days)	1300 Ave M , Rm 163
Optional: Self Addressed Pre-postage	Hondo, TX 78861
Envelope (Certified, Priority, Express, Etc.)	

## NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH 79FH≑ ≠ 5 H9					
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 PRESE	NCE OF A NOT	ARY PUBLIC.	
STATE OF				
COUNTY OF				
Before me on this day appeared		(Name)	· · · · · · · · · · · · · · · · · · ·	
}[, Á^•ãa∄,*ÁæcÁ	(Address)	(City)	(State)	´´ÊÄ
who is related { ᡬ&@ ʎ̯ ^¦•[ } ʎ̯ ǽ{ ^åʎ̯ } ʎJǽł	c∕Q h			[∙^•Áæ)åÁ
•æ• Ás@æAthe contents of this affidavit are tr				
	Sign	ature		
Sworn to and subscribed before me, this	day of		20	
			Signature of Notary Public	
			Commission Expires	
(Seal)			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: Medina County Clerk 1300 Ave M, Rm 163 Hondo, TX 78861

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



# Office of Gina Champion County Clerk

Medina County, Texas www.medinacountytexas.org

# Birth CertificateShort Form (Abstract)\$23.00Available for all Texas birthseachLong Form\$23.00Medina County Births Only\$23.00Not available for out of Countyeach

Application for Certified Copy
Birth or Death Certificate

Death Certificate							
	<b>Death Certificate</b> Medina County Deaths Only	\$21 1 <sup>st</sup> copy					
X90 C	Additional Copies are \$4 Of Death Certificate	\$4 each					

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/D	EATH RECOR	D INFORMATI	ON (Informati	ion de c	ertifica	ido)		
① Name on									
Record: (Nombre)	 First name	/Primer nombre		ddle/Segundo nomb	ore		Last Name/	Appellido	
② Date of Birth:				③ Date of			Lasinamer		
(Fecha nacimiento)	Month/Mes	Day/Dia	Year/Año	Death: (Desfuncion)	Month/	Mes	Day/Dia	Year/Año	
④ Place of Birth/Death:							TEXAS	ONLY	
(Lugar nacimiento)	City / Cuida	d de naciamento	County	/Condado de nacio	amento		State/Estado de	e naciamento	
(Hospital name: (Hospital)			<u>No Death (</u>	ong Form Birth C Certificates are avail	lable for Dea	<u>iths that oc</u>	curred outside o	f Medina County	
			(No ofre	ecemos forma larg	ga y actas	desfuncti	ion para la Cu	idad de Medina)	
6 Parent 1:									
[] Madre []Padre	First/Primer nombre		Mic	Middle/Segundo nombre			Maiden or Last Name/Apellido Anterior		
<ul> <li>⑦ Parent 2:</li> <li>[ ] Mother [ ] Father</li> </ul>									
[] Madre []Padre	First/Primer nombre		Mic	Middle/Segundo nombre		Maiden or Last Name/Apellido			
YOUR INFO	RMATION (Info	ormation de s	olicitante)	Purpose for	reauest:	[] Passp	oort []Reco	ords [] School	
Relation [] Se	lf [] Father	[] Spouse [	] Legal Guardian	[] Driver Lice	ense []	Housing	[] Trav		
to ①: [] M	other [] Sibling	[]Child [	] Grandparent	[] Social Sec	curity []	Insurance	e Other:		
Your Name:									
(Nombre)	First/Primer nombre de solicitante		Middle	Middle/Segundo nombre		Last Name/Appellido			
Home address:									
(Domicilio)	# Street/Calle		Apt #	Apt # City/Ciudad		State/Estado Zip Co		Zip Code/Codigo	
Phone #: ( (Telefono)	)	-	E-mail: (For Receipt)						
[] SAME AS Mailing ad									
(Residencia de dom	icilio es diferente)	First/Primer nom	nbre de solicitante	Middle/Seg	gundo nomb	re	Last Nar	me/Appellido	

City/Ciudad

L



# Street/Calle

<mark>0=</mark>
(Must sign to process) Date
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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)
Would you like a receipt emailed?Yes [ ] No [ ]Would you like a paper receipt?Yes [ ] No [ ]

Apt #

Office Use Only			Applicant Information					
[ ] ID/Driver's License			ID #					
[ ] Passport			Expire Date					
Other:			State of	of Issue				
Clerk		A	mount		[] Documents Verified			
Year			Book			Page		
Receipt				Security Paper Number				
Form revised 07/20/2016 DCCYW								

Zip Code/Codigo

State/Estado