# APPLICATION FOR BIRTH OR DEATH RECORD

| OFFICE USE ONLY | |
|---|---|
| TDSHS CERTIFICATE # | |
| THROUGH # | |
| NRH CERTIFICATE # | |
| THROUGH # | |
| ISSUED BY: | |
| DATE ISSUED: | |

| Birth Certificates | | |
|---|---|---|
| **Cost X** | **# of copies** | **Total** |
| **$23.00** | | |

**Please Print**

| Death Certificates | | | |
|---|---|---|---|
| | **Cost X** | **# of copies** | **Total** |
| **1st Copy** | **$21.00** | **1** | **$21.00** |
| **Additional Copies** | **$4.00** | | |
| | | **Total** | |

*In the event a record is not found or a certified copy is not issued the following search fees will apply: Birth $22 Death $20*
*Search fees are not refundable or transferable.*

| | | | |
|---|---|---|---|
| 1. Full Name of Person on Record | First Name | Middle Name | Last Name |
| 2. Date of Birth or Death | Month / Day / Year | | 3. Sex _____ Male _____ Female |
| 4. Place of Birth or Death | City or Town | County | State **Texas** |
| 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. ADDRESS _____
Street City State Zip Code

10. RELATIONSHIP TO PERSON NAME IN ITEM 1 : _____

11. PURPOSE FOR OBTAINING THIS RECORD : _____

Your Signature _____ Date of Application _____

## Credit Card Payment by Mail or Fax

| | |
|---|---|
| Credit Card _____ Mastercard _____ Visa | |
| Credit Card Number: | |
| Name on Credit Card: | |
| Expiration Date: | |
| Security Code on Back of Credit Card: | |

Credit Card payments may be faxed to 817-427-6066 along with the application with a photocopy of a valid driver license. Please make sure your driver license is legible. Write your driver license number and expiration date below:

_____ Driver License # _____ Expiration Date

I agree to pay the above amount according to the card member agreement

Cardholder Signature

*If requesting by mail send application with a copy of your valid driver license to:*
**City of North Richland Hills**
**P. O. Box 820609**
**North Richland Hills, TX 76182-0609**

**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)**