

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

COLLIN COUNTY CLERK
2300 BLOOMDALE ROAD SUITE 2104
MCKINNEY, TX 75071
www.collincountytexas.gov
972-424-1460

BIRTH - \$23.00 Each
NUMBER REQUESTED

Full Size
 Wallet Size (not accepted for passports)

DEATH
NUMBER REQUESTED

\$21.00 1st Certified Copy
 \$ 4.00 each additional copy ordered at this time

Full name on record: _____
First Middle Last

Date of Birth or Death _____ County of Birth or Death _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last (Maiden)

Applicant's Name: _____

Daytime Phone Number: _____ Email Address: _____

Applicant's Mailing Address: _____
Street City State Zip

Relationship to person named on certificate: _____

Purpose for obtaining copy of certificate: Please check all that apply.

Driver License Housing Insurance Passport Records
 School Social Security Travel Veterans Welfare

Other, please specify: _____

NOTICE: Providing false information on this application is a violation of the law and may lead to fine or imprisonment, or both. The person to whom any certified copy of Birth or Death Record is issued must be a properly qualified applicant. The applicant must have a direct and tangible interest in the record and further, should have a significant legal relationship to the person whose record is requested. The purpose for which the certified copy is needed and the relationship of the applicant to the registrant is essential to determination as to whether or not the person making the request is a properly qualified applicant. (Health and Safety Code, Chapter 678, Sec. 196.003)

Signature of Applicant _____ Date _____

ID# _____ D/O/B _____ Expiration _____
(Driver's license, Passport, ID, Etc.)

Mail this application, payment and a photocopy of VALID Driver's License or VALID Government Issued ID

REQUEST WILL NOT BE PROCESSED WITHOUT ID INFORMATION

OFFICE USE ONLY

Volume _____ Page _____ Check _____ Cash _____
Austin File No. _____ Money Order _____