



**Office of the City Clerk  
Vital Statistics Division  
630 E. Hopkins St.  
San Marcos, TX 78666**

<b>OFFICE USE ONLY</b>	
REGISTRAR'S # _____	
RMT # _____	
DATE: _____	
RECEIPT # _____	
AMOUNT \$ _____	
CLERK: _____	

## MAIL-IN APPLICATION FOR BIRTH OR DEATH RECORDS

**ORDERS MUST INCLUDE COPY OF VALID GOVERNMENT-ISSUED IDENTIFICATION**

**Mail in completed notarized application, copy of ID, self-stamped envelope and check or money order for exact amount to:**

**City of San Marcos Vitals Statistics, 630 E. Hopkins St., San Marcos, Texas 78666**

<b>PART 1. TYPE OF CERTIFICATE BEING ORDERED</b>							
Long Form Birth Certificate (ONLY for San Marcos births)	Cost X	# of Copies:	Total	Death Certificates (ONLY for San Marcos deaths)	Cost X	# of copies=	Total
Certified Copy Long Form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21	1	\$21.00
				Additional Copies	\$4		
<b>Total (Payable to City of San Marcos)</b>				<b>Total (Payable to City of San Marcos)</b>			

**\*\*\*NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED AND ALL BOXES MUST BE FILLED OUT\*\*\***

<b>PART 2. PERSON ON THE BIRTH OR DEATH CERTIFICATE</b>				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Gender M / F
Place of Birth/Death	City or Town	County		
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	

<b>PART 3. PERSON APPLYING FOR CERTIFICATE</b>			
Applicant Name	Telephone #	Email Address	
Full Mailing Address	Street Address	City	State Zip
Relationship to person listed above	Purpose for obtaining this record:		
<b>STOP! YOU MUST SIGN AND DATE BELOW IN FRONT OF A NOTARY.</b>			
Signature	Date signed		

<b>PART 4. COMPLETED BY A NOTARY PUBLIC (Make sure all lines are filled out)</b>	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ (Applicant 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.
The applicant presented the following type and number of identification: _____	
(Seal)	Sworn to and subscribed before me, this ___ day of _____, 20____.
	Signature of Notary Public and Notary ID Number _____
	Typed or Printed Name: _____
	Commission Expires: _____
	Street Address: _____
	City, State, Zip: _____