

OFFICE USE ONLY

Cert# _____

DOCUMENT CONTROL# _____

By_ _



MAIL APPLICATION FOR BIRTH OR DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$22		
		Total	

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$20		
Additional copies	\$3		
		Total	

Make check or money order payable to: City of Cisco

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
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# _____ (MON-FRI 8 00-5 00)

EMAIL ADDRESS _____

9. MAILING ADDRESS: _____
 STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1. _____ 11. PURPOSE FOR OBTAINING THIS RECORD _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT, FOR IMMIGRATION OR FOR THE INDIAN REGISTRY? YES NO

13. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE _____ BIRTHDATE _____ BIRTHPLACE _____

D I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ 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)

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION, PAYMENT **AND A PHOTOCOPY OF YOUR VALID PHOTO ID (APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED)** TO: CITY OF CISCO
 P.O. BOX 110
 CISCO, TX 76437