

**Honorable Teresa Kiel, Guadalupe County Clerk**  
**211 W. Court St., Seguin, Tx 78155-5730**  
**Phone: 830-303-8863**

Control # \_\_\_\_\_  
 Registrar # \_\_\_\_\_  
 Vol \_\_\_\_\_ Pg \_\_\_\_\_  
 Receipt # \_\_\_\_\_

Initials \_\_\_\_\_  
 # Copies \_\_\_\_\_  
 Date: \_\_\_\_\_

**APPLICATION FOR  
 BIRTH OR DEATH RECORD**

**PLEASE PRINT and PRESENT YOUR VALID ID WITH THIS REQUEST.**

**Make check or money orders payable to: Guadalupe County Clerk.** For any search of the files where a record is not found, the search fee is not refundable or transferable.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		
<b>Total (Check or money order payable to Guadalupe County Clerk)</b>				<b>Total (Check or money order payable to Guadalupe County Clerk)</b>			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

**IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)**

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
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

**APPLICANT INFORMATION (Part II)**

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.		
Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
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.**

**NOTICE:** Applicant must be qualified to obtain the record in accordance with Section 181.1, Ch 25, Texas Administrative Code: the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide valid photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

Identification/Type/Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_