



Margie R. Ibarra

WEBB COUNTY CLERK

1110 Victoria St., Suite 201 | Laredo, Texas 78040 | ☎ 956-523-4266 | 📠 956-523-5035

BIRTH CERTIFICATE APPLICATION

****MAIL IN ONLY****

No searches will be processed without a valid photo identification card and notarized proof of identification. State law requires that any time we search for a certificate and it's not found, we must charge a "SEARCH FEE" equal to the certificate fee (Texas Health & Safety Code 191.00h.). Search fees are not refundable or transferable.

The fee for certified copy of a birth certificate is \$23.00 each. Please include an additional \$10.98 for postage on a separate check or money order.

Make sure you are eligible to apply: Self, Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, or Siblings, Legal Guardian or Representative.

No se procesaran búsquedas sin identificación válida que traiga una fotografía y prueba de identificación notariada. La ley estatal requiere que cuando se busca una acta y no se encuentra, se cobra un "CARGO DE BUSQUEDA" igual al costo del certificado (Codigo de Salud Y Seguridad de Texas 191.00h). El cargo no es regresado o transferible.

La cuota por cada copia de certificado de nacimiento es de \$23.00. Por favor incluya \$10.98 adicional para gastos del correo en cheque o cheque de caja separado.

Asegure que califica para aplicar: Mismo, Madre, Padre, Hermano(a), Hijo(a), Esposo(a), Abuelos(as), Padrastro, Hermanastro(a), Custodia o Representante Legal.

*****Only 10 Certificates Allowed in a Lifetime ***Solamente 10 Registros Certificados se Permiten Por Vida*****

BIRTH INFORMATION			
1. NAME: _____ (Nombre) First Name/ Primer Nombre Last Name/ Apellido		2. Sex: _____ (Sexo)	
3. DATE OF BIRTH: _____ (Fecha de Nacimiento) Month/ Mes Day/ Dia Year/ Ano		4. DECEASED? NO ☐ (No) YES ☐ (Si) DATE: _____ (Fallecido) (Fecha)	
5. PLACE OF BIRTH: _____ (Lugar de Nacimiento) City or Town/ Ciudad o Pueblo		County/ Condado	
6. FULL NAME OF PARENT 1: _____ (Nombre de Padre/Madre) First Name/ Primer Nombre		Second/ Segundo Last/ Apellido	
7. FULL NAME OF PARENT 2: _____ (Nombre de Padre/Madre) First Name/ Primer Nombre		Second/ Segundo Last/ Apellido	
APPLICANT'S NAME/ SOLICITANTE			
8. NAME: _____ (Nombre del Solicitante)		9. PHONE NO. _____ (Telefono)	
10. ADDRESS: _____ (Domicilio)		CITY/STATE: _____ (Ciudad/Estado) ZIP: _____ (Codigo Postal)	
11. RELATIONSHIP TO PERSON ON RECORD: _____ (Relacion o Parentesco con la Persona Registrada)			
12. PURPOSE FOR OBTAINING THE COPY: _____ (Proposito de Solicitud)		12. NO. OF COPIES: _____ (Cantidad de Copias)	
13. Would you like to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program of the Texas Office of Early Childhood Coordination? Please check: Yes ☐ or No ☐			
I AGREE TO THE CONDITIONS/ (YO ACEPTO LAS CONDICIONES): _____ Signature of Applicant/ Firma del Solicitante			
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 UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)			

FOR OFFICE USE ONLY

DATE: _____ BATCH CTRL NO.: _____ FEE: _____ TRANSACTION # _____
VOL: _____ PG: _____ RECEIVING CLERK: _____ ISSUING CLERK: _____ ISSUED: _____ YES _____ NO
(_____ DNI _____ NOT FOUND)

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE.		
FULL NAME OF PERSON OF RECORD		DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (CITY OR COUNTY)		SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2	
PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.		
NAME AND RELATIONSHIP TO PERSON ON RECORD		TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____	
Now residing at _____ (Address) (City) (State) (Zip Code)	
who is related to the person named on Part 1 as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me this _____ day of _____, 20_____.	
<i>(Personalized Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State, and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

WEBB COUNTY CLERK'S OFFICE

1110 VICTORIA ST. SUITE 201, LAREDO, TEXAS 78040

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)