Margie R. Ibarra
WEBB COUNTY CLERK

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

BIRTH CERTIFICATE APPLICATION

No searches will be processed without a valid photo identification card. 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.

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. La ley estatal require 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 la Copia de Certificado de Nacimiento es de $23.00 por cada una.

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: _____ 2. Sex: _____
(Nombre) First Name/ Primer Nombre Last Name/ Apellido (Sexo)

3. DATE OF BIRTH: _____ _____ _____ 4. DECEASED? NO _____ YES _____ DATE: _____
(Fecha de Nacimiento) Month/ Mes Day/ Dia Year/ Ano (Fallecido) (No) (Si) (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: _____ 9. PHONE NO. _____
(Nombre del Solicitante) (Telefono)

10. ADDRESS: _____ CITY/STATE: _____ ZIP: _____
(Domicilio) (Ciudad/Estado) (Codigo Postal)

11. RELATIONSHIP TO PERSON ON RECORD: _____
(Relacion o Parentesco con la Persona Registrada)

12. PURPOSE FOR OBTAINING THE COPY: _____ 12. NO. OF COPIES: _____
(Proposito de Solicitud) (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)