



**NORTHEAST TEXAS PUBLIC HEALTH DISTRICT**

815 N. Broadway Ave.  
Tyler, TX 75702  
www.healthyeasttx.org  
903-535-0030

Quantity:

\_\_\_\_\_ Protective Plastic Sleeve \$1 each

\_\_\_\_\_ Standard \$23 each

\_\_\_\_\_ Detailed \*Tyler Only\* \$23 each

\*Non-refundable search fee of \$22 will apply for all birth records not found.\* Health & Safety Code §191.0045 (a)(1), (e)(3)

State ID Copy /Office Use Only

### Birth Record Information

Full Name on Record	First:	Middle:	Last:
Date of Birth	Month:	Day:	Year: Gender:
Place of Birth	City/Town:	County:	State: ***Texas Only***
Full Maiden Name of Mother	First:	Middle:	Maiden:
Full Name of Father (if listed)	First:	Middle:	Last:

### Requestor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

How are you related to the person on record? (circle): Yourself, Parent, Brother, Sister, Spouse, Son, Daughter, Grandparent, Other (specify): \_\_\_\_\_

Main purpose for getting this record (circle): Personal Record, State ID, School, Sports, Employment, Insurance, Retirement, Travel, Passport, Other (specify): \_\_\_\_\_

Signature:	Date:
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Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000. (Health & Safety Code §195.003)

#### Office Use Only

Check#: \_\_\_\_\_

Security#: \_\_\_\_\_

CreditTrans#: \_\_\_\_\_

Processed by: \_\_\_\_\_

Birth Certificate Application