

#### Office of Gina Champion County Clerk

Medina County, Texas www.medinacountytexas.org Medina County Courthouse Annex 1300 Ave M , Rm. 163

Hondo, TX 78861 (830) 741 - 6040

## Birth/Death Certificate Information

# Short Form Abstract Birth Certificate

This format satisfies most purposes, including registering a child for school or sports and obtaining a driver license in most states. The Abstract format of the Birth Certificate is available for all Texas Birth regardless of County. This certificate **MAY NOT** be accepted by the U.S. Passport Office as a valid birth certificate.

g Form Birth ertificate
County of Medina Texas
 R.R.
1000 (g)

Used most often to obtain a passport. It's also typically required for purposes of dual citizenship and immigration. This format is not available for the City of Dallas.

Self	<ul> <li>Parent</li> </ul>	<ul> <li>Spouse</li> </ul>	Grandparent	<ul> <li>Sibling</li> </ul>	Child
Legal Gu	ardian (Must provide	certified copy of leg	al documentation)	and the second	

Long Form Bi	irth Certificates & Death Cer	tificates AVAILABLE for	the following MEDINA	COUNTY CITIES
Castroville	Natalia	Rio Medina	and the second second	
Devine	Yancey			40 40 A 28 1
D'hanis	LaCoste			
Hondo	Mico			CONNEL OF
Lytle	Some of Bandera Area		Contraction and	and the second second

	Order all Texas Records (1903 to Present)
Long Forms Birth & Death Certificates	Austin Vitals Statistics 1100 W. 49th St.
NOT AVAILABLE for outside of Medina County	Austin, TX 78756 Mon-Fri 8am - 5pm
	1 - (888) 963 – 7111 www.Texas.gov

ROUTINE SERVICE	EXPEDITE SERVICE
We are processing routine applications in approximately <b><u>2-3 weeks</u></b> from the time application is submitted to us by mail.	Mail your request by Overnight Mail Service <u>and</u> with enclosed paid Overnight Mail Envelope to expedite your request. May be mailed by FEDEX, UPS, or USPS Express mail. <u>2-5 business day service.</u>

Mail the following Items	Mailing Address
Form Completed and Signed <u>Notarized</u> Copy of ID <u>Money Order</u> Payable to: <u>Medina County Clerk</u> (Printed no more than 60 days) Optional: Self Addressed Pre-postage Envelope (Certified, Priority, Express, Etc.)	Medina County Clerk's Office ATTN: Birth/Death Certificate 1300 Ave M , Rm 163 Hondo, TX 78861

#### 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 ON RECORD	DATE OF BIRTH/DEATH						
PLACE OF BIRTH/DEATH (City or County)	SEX						
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2						

RT II. ENTER RELATIONSHIP TO PERSON ON RECORD AN	ID 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 NO	TARY PUBLIC.	
STATE OF			
COUNTY OF			
Before me on this day appeared	(Name)	1.00	
now residing at(Address)			
	(City)	(State)	
who is related to the person named on Part I as	Relationship)		and who on oath deposes and
says that the contents of this affidavit are true and correct.	Relationship)		
ays that the contents of this andavit are true and concet.			
	Signature		Q
Sworn to and subscribed before me, this day of	an a	., 20	
		Signature of N	Notary Public
		Commissio	on Expires
(Seal)	An other states of the		
	and the second second second	Typed or Pri	inted Name
	Topold M. C.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Section States	Street A	Address
	and the state	cureer,	
		City, State	a and Zin
		City, State	י מות דוא
		and the second	

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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Medina County Clerk 1300 Ave M, Rm 163 Hondo, TX 78861

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



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Medina County, Texas www.medinacountytexas.org

	Birth Certificate	
	Short Form (Abstract) Available for all Texas births	\$23.00 each
K THE	Long Form Medina County Births Only Not available for out of County	\$23.00 each

Application for Certified Copy Birth or Death Certificate

Death Certificate								
S. and a	Death Certificate Medina County Deaths Only	\$21 1 <sup>st</sup> copy						
Rates	Additional Copies are \$4 Of Death Certificate	\$4 each						

Cash, Money Order, or Debit/Credit Accepted (convenience fee applies for card payments). For any search of the files where a record is not found, the searching fee is not refundable or transferable.

		BIRTH/D	DEATH RECO	RD II	NFORMATIO	N (Informati	on de o	certifica	do)	
① Name o Record	2 T T									
(Nombre	)	First name/Primer nombre			Middle/Segundo nombre			Last Name/Appellido		
② Date of Birth						③ Date of Death:				
(Fecha nacimiento	) Mo	nth/Mes	Day/Dia	1	Year/Año	(Desfuncion)	Month	/Mes	Day/Dia	Year/Año
④ Place o Birth/Death									TEXAS (	ONLY
(Lugar nacimiento		City / Cuidad de naciamento			County/Co	County/Condado de naciamento			State/Estado de	naciamento
\$					_	<b>Form Birth Co tificates are avail</b> emos forma larç				Medina County dad de Medina)
6 Parent 1: [] Mother [] Fathe [] Madre []Padre		First/Pr	rimer nombre		Middl	e/Segundo nomb	re	Maia	len or Last Name,	Apellido Anterior
Parent 2:           [] Mother [] Fathe           [] Madre [] Padre		First/Pi	rimer nombre	_	Middl	e/Segundo nomb	ire		Maiden or Last No	ime/Apellido
								L 1 Passa	art [] Paga	rds []School
			ormation de			Purpose for I		[] Passp		• •
	Self Mother	[ ] Father [ ] Sibling			egal Guardian randparent	[] Driver Lice [] Social Sec		] Housing ] Insurance	[ ] Trave e Other:	
Your										

Name: (Nombre)	First/Primer nombre de solicitante		Middle/Segundo nombre		Last Name/Appellido		
Home address: (Domicilio)	# Street/Ca	lle	Apt #	City/Ciudad	State/Estado	Zip Code/Codigo	
	ME AS ABOVE	-	E-mail: (For Receipt)				
Mailing address: (Residencia de domicilio es diferente)		First/Primer nombre de solicitante		Middle/Segundo nom	bre Last	Last Name/Appellido	
# S	treet/Calle	Apt #	City/Ciudad	State	/Estado	Zip Code/Codigo	

(Must sign to process)	Date		
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Would you like a receipt emailed? Would you like a paper receipt?	Yes [] No [] Yes [] No []		

Office Use Only	Applicant Information				
[ ] ID/Driver's License	ID # Expire Date				
[ ] Passport					
Other:	State o	of Issue			
Clerk	Amount		[] Documents	verified	
Year	Book		Page		
Receipt		Secur	ity Paper Num	ber	
Receipt			5 107 100 1001		

Form revised 07/20/2016 DCCYW