

CITY OF BEDFORD
 VITAL STATISTICS
 2000 FOREST RIDGE
 BEDFORD, TX 76021-1895
 817-952-2112
 817-952-2397 fax

**APPLICATION FOR
 CERTIFIED COPIES OF
 BIRTH CERTIFICATE**

PLEASE PRINT

Receipt No. _____
 Cash _____
 Check No. _____
 Money Order _____
 MC/Visa _____
 Expiration _____
 Control No. _____

*Abstracts will be issued if Bedford is not the Local Registrar. Abstracts
 MAY NOT be accepted by the U.S. Passport Office as valid birth certificates.

THE FOLLOWING ARE THE ONLY
 RECOGNIZED QUALIFIED APPLICANTS

<input type="checkbox"/> Abstract*	<input type="checkbox"/> Full Record
BIRTH	
# REQUESTED	
<input type="checkbox"/> 1	CERTIFIED COPY X \$23.00 <u>\$23.00</u>
<input type="checkbox"/>	EXTRA COPIES OF
<input type="checkbox"/>	SAME RECORD X \$23.00 _____
<input type="checkbox"/>	POLY SLEEVE X \$2.00 ea. _____
<input type="checkbox"/>	EXPEDITED SHIPPING _____
	Via Express Mail _____
	TOTAL ENCLOSED = _____

Please check **your** relationship to person in #1:

<input type="checkbox"/> Self	<input type="checkbox"/> Sibling
<input type="checkbox"/> Parent	<input type="checkbox"/> Child
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Legal Representative
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Guardian
<input type="checkbox"/> Spouse	<input type="checkbox"/> Military Recruiter

***I ACCEPT THIS CERTIFIED COPY AS IS:**

State/Registrar File # _____

Full Name On Birth Record	1. First Name	Middle Name	Last Name at Birth
Date Of Birth	2. Month	Date	Year
City Of Birth	4. City or Town	County	State TEXAS
Full Name Of Father	5. First Name	Middle Name	Last Name
Full Maiden Name Of Mother	6. First Name	Middle Name	Maiden Name

8. YOUR NAME: _____ 9. Phone# 8:00am – 5:00pm (_____) _____

10. MAILING ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

11. YOUR RELATIONSHIP TO PERSON IN ITEM 1: _____

12. PURPOSE FOR OBTAINING THIS RECORD: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. {HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003}

 SIGNATURE OF APPLICANT

 DATE

 IDENTIFICATION TYPE
 Driver's License, I.D. Card, etc.

 NUMBER
 on Driver's License, I.D. Card, etc.

Birth records are confidential for 75 years: therefore, issuance is restricted to qualified applicants. **PLEASE ATTACH A PHOTOCOPY OF IDENTIFICATION TO APPLICATION. WE WILL PROCESS NO REQUEST WITHOUT IDENTIFICATION.** Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record.
 Fees are subject to change without notice. (Call 817-952-2112 for fee verification.)