

City of San Antonio – Office of the City Clerk – Vital Records Division



Mail completed **Notarized** application, **Copy of Valid ID** and **Personal Check with copy of check holder/signee's Valid ID** or **Money Order** payable to the
City of San Antonio to the address below:
 Department of Vital Records – 719 S. Santa Rosa, San Antonio, TX 78204. **Proof of relationship is required for applicants.**
For questions or assistance, contact us at (210)-207-8781.

OFFICE USE ONLY
File No: _____
Sheet No: _____

Mail Application for Birth Certificate			
PAYMENT AMOUNT SHOULD INCLUDE: CERTIFICATE FEE, SHIPPING FEE, AND ADDITIONAL COSTS IF SELECTED (ADDITIONAL COPIES/PLASTIC SHEET COVERS). All funds are deposited to the City of San Antonio Accounts.			
Type	# of copies	Cost	Amount
Long Form (Bexar County births ONLY, accepted for U.S. Passports)		\$23.00	A.
State Abstract (Texas-wide, not accepted for U.S. Passports)		\$23.00	B.
Plastic Sheet Cover		\$2.00	C.
Standard Shipping (3-5 business days) REQUIRED FOR MAIL IN APPLICATIONS			D. \$14.50
Total Amount Due: Combine all the costs from boxes A, B, C and D then enter the total amount into box E.			E.

IDENTIFY BIRTH CERTIFICATE INFORMATION (Part I) – Full Name of Person on Record			
First Name		Middle Name	Last Name
Date of Birth	Month	Day	Year
Sex			
Place of Birth	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Last Name/ Maiden Name
Full Name of Parent 2	First Name	Middle Name	Last Name/ Maiden Name

APPLICANT INFORMATION (Part II) – Person Requesting Birth Certificate			
Applicant Name		Telephone #	Email Address
Full Mailing Address		City	State
Relationship to person listed above:		Purpose for obtaining this record:	
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.			
Name of Person Receiving Copies, if Different from Applicant			
Mailing Address for Copies, if Different from Applicant			
City		State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ (Applicant name)
now residing at _____ (Address) (City) (State) (Zip code)	
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.
The applicant presented the following type and number of identification: _____	
Applicant Signature _____	
Sworn to and subscribed before me, this ____ day of _____, 20__.	
Signature of Notary Public and Notary ID Number _____	
Typed or Printed Name: _____	
Commission Expires: _____	
Street Address, City, State, Zip: _____	

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)