



ROCKWALL COUNTY CLERK
1101 Ridge Road, Suite 101
Rockwall, TX 75087

(972) 204-6300 Main (972) 204-6309 Fax

BIRTH CERTIFICATES
Certified Copy- \$23 each

DEATH CERTIFICATES
Certified Copy- \$21 first, \$4 ea additional

1. Full Name of Person on Record	First	Middle	Last
2. Date of Birth or Death	Month	Day	Year Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Place of Birth or Death	City or Town	County	State
4. Full Name of Father	First	Middle	Last
5. Full Name of Mother	First	Middle	Maiden

6. YOUR NAME _____ 7. TELEPHONE # (_____) _____ Home/Cell

8. MAILING ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP:
 SELF PARENT CHILD GRANDPARENT SPOUSE OTHER: _____

10. PURPOSE FOR OBTAINING THIS RECORD:
 SCHOOL PASSPORT DRIVERS LICENSE SOCIAL SECURITY OTHER: _____

Note: This office is not responsible for any errors made on the original Birth Certificate or Death Certificate. You must make all corrections in Austin.

An incomplete application will not be processed.

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)

ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.

YOUR SIGNATURE _____ DATE OF APPLICATION _____