APPLICATION FOR CERTIFIED BIRTH ABSTRACT

Certificate No. STATE RECORD
Control No. _____
Issue by _____
Date PU/Mail _____
Receipt No. _____
Rec'd Mail/Ofc _____
Time _____ By _____

MAIL FORM TO: **CITY OF GRAPEVINE**
CITY SECRETARY'S OFFICE
P O BOX 95104
GRAPEVINE, TEXAS 76099-9704

TELEPHONE: 817-410-3181
STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

Number Requested - For security reasons, orders for 5 or more certificates must be picked up.

CERTIFICATES ISSUED
9:00 a.m. - 4:30 p.m., Monday-Friday

_____ CERTIFIED COPIES x $23.00 = _____

APPLICATION DEADLINE: 4:15 p.m.

Please make check/money order payable to City of Grapevine

PLEASE PRINT

1. NAME ON RECORD _____
FIRST MIDDLE LAST SUFFIX

2. DATE OF BIRTH _____ 3. SEX _____
MONTH DATE YEAR

4. PLACE OF BIRTH _____
CITY COUNTY

5. MOTHER'S NAME _____
MOTHER'S NAME PRIOR TO MARRIAGE FIRST MIDDLE MAIDEN LAST NAME

6. FATHER'S NAME _____
FIRST MIDDLE LAST SUFFIX

7. YOUR NAME _____
FIRST MIDDLE LAST

8. MAILING ADDRESS _____
STREET ADDRESS, APT NUMBER CITY STATE ZIP

9. TELEPHONE NO. _____
(MONDAY - FRIDAY 8 A.M. - 5 P.M.)

10. YOUR RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____

11. PURPOSE FOR OBTAINING THIS RECORD _____

Note: If applying for a CDIB card (Indian heritage), you must contact the State of Texas, Bureau of Vital Statistics for a long certificate at 1-888-963-7111 or at www.dshs.state.tx.us/vs

WARNING STATEMENT: *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, SECTION 195.003)*

_____
SIGNATURE OF PARENT/APPLICANT

_____
DATE

_____
DRIVER'S LICENSE NUMBER

Parent/Applicant is REQUIRED to submit copy of Driver's License, Passport or State Identification Card

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (08/12) BIRTHABSTRACTFORM.XLS

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED BIRTH ABSTRACT

Indicate the number of certificates requested and compute the amount of money to be sent. **Please do not send cash through the mail.** We suggest you send either a personal check or money order made payable to: City of Grapevine.

CERTIFICATES ISSUED
9:00 A.M. – 4:30 P.M., MONDAY THROUGH FRIDAY
APPLICATION DEADLINE: 4:15

NOTE: *For security reasons, orders for 5 or more certificates must be picked up. Access to this record is restricted once 10 certificates have been issued (Texas Administrative Code, Chapter 181, Section 181.24).*

Item 1. Name on Record: State the Full Name of the person as shown on the birth record.

Item 2. Date of Birth: Give the exact date of birth.

Item 3. Sex: Enter Male or Female.

Item 4. Place of Birth: State the name of the city and county in which the birth occurred.

Item 5. Mother's Name: Give the Full Name (including mother's maiden name) as shown on the birth record.

Item 6. Father's Name: Give the Full Name as shown on the birth record.

Item 7. Your Name: You are the applicant, so give your Full Name.

Item 8. Mailing Address: Give your complete current mailing address.

Item 9. Telephone Number: Give a telephone number with area code where you can be reached between the hours of 8 am and 5 pm, Monday through Friday.

Item 10. Relationship to person named on record: State how you are related to the person on the birth record.

Item 11. Purpose for obtaining this record: State the reason or purpose for which you are requesting this record.

NOTE: If applying for a CDIB card, you must obtain a birth record from the State of Texas Bureau of Vital Statistics at 1-888-963-7111.

Sign and **Date** the application. Enclose a copy of **Driver's License, Passport or State Identification Card**. Mail to the address at the top of this application, with the correct **fee**. Should you require further assistance, please call us at 817-410-3181.