



CITY SECRETARY'S OFFICE

VITAL STATISTICS OFFICE

The City Secretary's Vital Statistics office records and issues birth and death certificates for those events that occur in Temple, Texas. Our Office also serves as a remote site for the State Bureau of Vital Statistics and can issue certified birth certificates to qualified applicants for individuals born in the State of Texas.

The current fees for certified copies of birth and death certificates are:

Birth Certificates \$23.00 each

Death Certificates \$21.00 each for 1st copy
 \$ 4.00 each additional copy of same record

Please supply a photo I.D., along with a completed [application form](#), to the Vital Statistics Office when requesting certified copies of birth and/or death certificates.

If you choose to pay by credit card (Mastercard or Visa only) by mail, fax or e-mail, please be sure to complete the credit card information at the bottom of the application form. Applications with missing or incomplete information will not be processed.

If you have any questions about the application form or process, please contact the City Secretary's Vital Statistics Office at 254-298-5700 or by e-mail at CitySecretary@ci.temple.tx.us.

Receipt No. _____
Form No. _____
File No. _____
Emp. I.D. _____

City of Temple
2 N. Main St. – Room 103
P.O. Box 207
Temple, Texas 76503
Phone (254) 298-5700
Fax (254) 298-5637



E-mail: CitySecretary@ci.temple.tx.us

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

REQUESTED _____

_____ CERTIFIED COPIES X \$23.00 _____

DEATH

REQUESTED _____

_____ CERTIFIED COPIES X \$21.00 _____

_____ ADDT'L COPIES X \$4.00 _____

TOTAL _____

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	3. Sex
4. Place of Birth or Death	City or Town	County		State
5. Full Name of Father	First Name	Middle Name		Last Name
6. Full Maiden Name of Mother	First Name	Middle Name		Maiden Name
7. Social Security No. of Deceased	8. Birth Date of Deceased		9. Birth Place of Deceased	

10. APPLICANT'S NAME _____ **11. TELEPHONE #**(_____) _____
(MON-FRI 8:00-5:00)

12. MAILING ADDRESS _____
Street Address City State Zip Code

13. RELATIONSHIP TO PERSON NAMED IN ITEM 1. _____

14. PURPOSE FOR OBTAINING THIS RECORD _____

15. SIGNATURE OF APPLICANT _____ **DATE** _____

IDENTIFICATION TYPE _____ **NUMBER** _____
ATTACH PHOTOCOPY Drivers License, I.D. Card, Etc. On Drivers License, I.D. Card, Etc.

IF PAYING BY CREDIT CARD (MASTERCARD OR VISA ONLY) PLEASE PROVIDE THE FOLLOWING INFORMATION:

<u>CARDHOLDER NAME</u>	<u>ACCOUNT NUMBER & VERIFICATION NO.</u> (3-digit code on back of card in signature area)	<u>EXPIRATION DATE</u>
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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 678, SEC. 195.003)