

Before you mail your request, please use the check list below to ensure no delays in processing.

_____ Fully Completed Application (any items left blank will result in a delay)

_____ Copy of the requestor's acceptable form(s) of Identification (Front and Back) included
(please see Primary ID, Secondary ID and Supporting Documents boxes)

_____ Completed and Notarized proof of Identification Form

_____ Payment:

_____ Check or money order is made payable to: City of Bryan

_____ Credit card authorization form has been completed and signed ***Due to our current situation, if you would prefer for us to call and obtain this information from you we can if you just note it somewhere on the application.**

Correct Amount – Cost of certificates ~~plus the \$7.00 Postage & Handling Fee~~ ***Due to our current situation we are waiving the Postage & Handling Fee**

_____ I have provided proof of relationship (birth certificate or marriage license) if not listed on the record.

Mailing Address: City of Bryan Vital Statistics
P.O. Box 1000
Bryan, Texas 77805

Physical Address: City of Bryan Vital Statistics
300 South Texas Avenue
Bryan, Texas 77803

Expedited service (via FedEx, UPS, etc.) can be provided at the requestor's expense. To arrange for expedited service or if you have questions, call 979-209-5007.

Thank you,

City of Bryan Vital Statistics Office.



CITY OF BRYAN
VITAL STATISTICS
P.O. BOX 1000
BRYAN, TX 77805
TEL: (979)209-5007
FAX: (979)209-5017
www.bryantx.gov

Application for Certificates (*Aplicación para Certificados*)

Please read the instructions and warning statement before completing this application. For assistance please call our office directly at 979-209-5007. [Por favor de leer las instrucciones y la declaración de advertencia antes de llenar esta aplicación. Para asistencia por favor de llamar a nuestra oficina al 979-209-5007.]

Instructions: Please Print [Instrucciones: Imprima Por Favor]

1. Please fill in all fields. [Por favor de llenar todos los espacios]
2. Please be prepared to provide acceptable identification (listed below) and proof of relationship (if not listed on the record) (See Qualified Applicants box). [Por favor este preparado/a para presentar identificación aceptable (ver parte de debajo de esta página) y prueba de relación (si no está enlistado en la acta)(Ver caja de Solicitantes que califican)]
3. We accept cash, credit cards (except American Express) or checks. Please make checks payable to: City of Bryan. No out of state checks will be accepted. [Aceptamos dinero en efectivo, tarjetas de crédito(excepto American Express) o cheques. Por favor de hacer el cheque a: City of Bryan. No se aceptaran cheques fuera de el estado.]

Qualified Applicants (Solicitantes que califican):

Parents, Grandparents*, Brother*, Sister*, Children* or Spouse*. If you are anyone other than the individuals listed please let us know**. (Padres, Abuelos*, Hermanos*, Hijos*, o Esposo/a*. Si usted no es ninguno de estos por favor de dejarnos saber**.)

*IF YOU ARE A QUALIFIED APPLICANT OTHER THAN A PERSON LISTED ON RECORD PLEASE BE PREPARED TO SHOW A CERTIFIED BIRTH CERTIFICATE OR MARRIAGE LICENSE AS PROOF OF RELATIONSHIP. [SI USTED ES UN APLICANTE APARTE DE MADRE(S) Y/O PADRE(S) QUE CALIFICA (SU NOMBRE DEBE DE ESTAR EN LA ACTA) POR FAVOR ESTE LISTO PARA COMPROBAR EL PARENTESCO Y ESTE LISTO PARA OTORGARNOS UNA ACTA DE NACIMIENTO PARA VERIFICAR LA RELACIÓN O SI ES ESPOSO/A SE REQUIERE UNA ACTA DE MATRIMONIO CERTIFICADA]

**IF YOU ARE SOMEONE ELSE BESIDES THE ABOVE MENTIONED PROPER LEGAL DOCUMENTATION WILL BE NEEDED (EX. CERTIFIED COURT ORDER).

**SI USTED ES ALGUIEN APARTE DE LOS MENCIONADOS NECESITAMOS DOCUMENTACIÓN LEGAL (EJEMPLO UNA ORDEN DE CORTE CERTIFICADA).

PRIMARY ID (Identificación Primaria)

(1 item from this box)

- Driver's License (*Licencia de conducir*)
- Federal or State Identification card (*Tarjeta de identificación federal o estatal*)
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card (*Identificación Federal, Estado o Local de aplicación de la o insignia de empleo acompañada de una tarjeta de identificación de empleo*)
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution (*Tarjeta de Identificación de Delinquentes emitido por el Departamento de Justicia Penal*)
- Military Identification card (*Tarjeta de Identificación Militar*)
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued (*Departamento de Seguridad Nacional, Estados Unidos Servicios de Ciudadanía e Inmigración de los Estados Unidos (USCIS) emitido*):
 - Employment Authorization Document (EAD) (*Documento de Autorización de Empleo (EAD)*)
 - Permanent Resident Card (green card) (*Tarjeta de Residente Permanente (tarjeta verde)*)
 - Travel Documents (*Documentos de viaje*):
 - Re-entry Permit (*Permiso de Reingreso*)
 - Refugee Travel Permit (*Permiso de refugiados de Viaje*)
 - Advance Parole (*Advance Parole*)
 - SENTRI Card (*Tarjeta SENTRI*)
 - U.S. Citizen Identification Card (*Tarjeta de Identificación Ciudadana EE.UU.*)
- United States Department of State issued (*Departamento de Estado de los Estados Unidos emitido*):
 - Border Crossing Card (B1 for business or pleasure or B2 medical purposes) (*Tarjeta de Cruce Fronterizo (B1 para negocios o placer B2 para propósitos médicos)*)
 - Visa (*Visa*)
- Concealed Handgun License (*Licencia de arma oculta*)
- Pilot's license (*Licencia de Piloto*)
- United States Passport (*Pasaporte de los Estados Unidos*)

SECONDARY ID (Identificación Secundaria)

(2 Items from this Box)

- Current student identification (*Identificación de estudiante actual*)
- Any Primary Identification that is expired (*Cualquier identificación primaria que está vencida*)
- Signed Social Security card or Numident (*Tarjeta de Seguro Social firmada o Numident*)
- DD Form 214 Certificate of Release (*DD Form 214 Certificado de Liberación*)
- Medicaid card (*Tarjeta de Medicaid*)
- Medicare card (*Tarjeta de Medicare*)
- Veterans Affairs card (*Tarjeta de Asuntos de Veteranos*)
- Medical insurance card (*Tarjeta de seguro médico*)
- Foreign Passport accompanied by a Visa issued by the United States Department of State (*Pasaporte extranjero acompañado de una visa expedido por el Departamento de Estado de los Estados Unidos*)
- Foreign Passport in accordance with the United States Department of State, Visa Waiver Program (*Pasaporte extranjero de acuerdo con el Departamento de Estado de los Estados Unidos, el Programa de Exención de Visa*)
- Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545) [(*Acta de nacimiento certificada por el Departamento de Estado (FS-240, DS-1350 o FS-545)*)]
- Private Company Employment Identification card (*Tarjeta de Identificación de la compañía de empleo privadas*)
- Form I-94 - accompanied by the applicant's Visa or Passport (*Formulario I-94 - acompañado por Visa o Pasaporte del solicitante*)
- Mexican voter registration card (*Tarjeta de registro de votante Mexicano/Credencial para votar-México*)
- Foreign Identification with identifiable photo of applicant (*Identificación otorgada en el extranjero con foto de identificación del solicitante*)

Supporting Documents: (2 Items from this box + 1 Secondary ID)

Supporting documents include but are not limited to recent utility bill, recent pay stub, public assistance applications or letters, bank account statement, cell phone bill or contract, medical records, car title, lease agreement. (*Los documentos comprobatorios incluyen, entre otros factura reciente de servicios publicos, talon de cheque de pago reciente, solicitudes o cartas de asistencia publica, estado de cuenta bancaria, factura o contrato de telefono celular, documentos medicos, titulo de automovil, contract de alquiler.*)



Application for Certificates (Aplicación para Certificados)

CITY OF BRYAN
VITAL STATISTICS
P.O. BOX 1000
BRYAN, TX 77805
TEL: (979)209-5007
FAX: (979)209-5017
www.bryantx.gov

PLEASE WRITE QUANTITY OF WHICH RECORD YOU NEED
(POR FAVOR PONGA LA CANTIDAD DE LA ACTA QUE NECESITA)

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | BIRTH CERTIFICATE: ORIGINAL LONG FORM- \$23.00 EACH (ACTA DE NACIMIENTO ORIGINAL; VERSIÓN LARGA \$23.00 CADA UNA) | <input type="checkbox"/> | BIRTH CERTIFICATE: SHORT FORM-\$23.00 EACH (ACTA DE NACIMIENTO VERSIÓN CORTA-\$23.00 CADA UNA) |
| <input type="checkbox"/> | DEATH CERTIFICATE: \$21.00 FOR 1 ST CERTIFIED COPY (ACTA DE DEFUNCIÓN- -\$21.00 PRIMERA COPIA CERTIFICADA) | <input type="checkbox"/> | DEATH CERTIFICATE: ADDITIONAL COPIES \$4.00 EACH (ACTA DE DEFUNCIÓN: COPIAS ADICIONALES \$4.00 CADA UNA) |

APPLICANT INFORMATION (INFORMACIÓN DEL SOLICITANTE)

| | | | |
|---|--|---------------------------------------|---------------------|
| Your Name First & Last - <i>(Su Nombre y Apellido)</i> | | Phone No. <i>(Número de teléfono)</i> | |
| Full Mailing Address <i>(Dirección completa)</i> | | | |
| Purpose for Obtaining Certificate-please circle <i>(Razón para obtener el certificado-favor de circular)</i> RECORDS (REGISTROS); PASSPORT (PASAPORTE); DRIVER LICENSE RENEWAL (RENOVAR LICENCIA); or (o) _____ | | | |
| What is your relationship to person on record? <i>(Que es su relación con la persona en el certificado?)</i> SELF (TU MISMO/A); PARENT (MADRE/PADRE); BROTHER (HERMANO); SISTER (HERMANA); GRANDMOTHER (ABUELA); GRANDFATHER (ABUELO); SPOUSE (ESPOSO/A); _____ | | | |
| *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 \$10,000.00. (Health and Safety Code of Texas Chapter 195, Sec. 195.003) *DECLARACIÓN DE ADVERTENCIA: Es una felonía falsificar información en este documento. La multa por proporcionar una declaración falsa en este formulario tiene como castigo una sentencia de prisión de 2 a 10 años y una multa hasta \$10,000.00. (Código de Seguridad y salud de Texas Cap. 195. Sec 195.003). | | | |
| Applicant's Signature <i>(Firma de aplicante)</i> | | | Date <i>(Fecha)</i> |

INFORMATION OF THE RECORD YOU ARE REQUESTING (INFORMACIÓN DE LA ACTA QUE PIDE)

| | | | |
|---|--|--|--|
| FIRST NAME (PRIMER NOMBRE) | MIDDLE NAME (SEGUNDO NOMBRE) | LAST NAME(S) [APELLIDO(S)] | |
| MONTH OF BIRTH/DEATH (MES DE NACIMIENTO/DEFUNCIÓN) | DAY OF BIRTH/DEATH (DÍA DE NACIMIENTO/ DEFUNCIÓN) | YEAR OF BIRTH/DEATH (AÑO DE NACIMIENTO/ DEFUNCIÓN) | SEX (SEXO) MALE/FEMALE (MUJER/HOMBRE) |
| CITY OR TOWN OF BIRTH/DEATH (CIUDAD O PUEBLO DE NACIMIENTO/DEFUNCIÓN) | | COUNTY OF BIRTH/DEATH (CONDADO DE NACIMIENTO /DEFUNCIÓN) | STATE TEXAS |
| FULL NAME OF PARENT 1 (NOMBRE COMPLETO DE MADRE/PADRE 1) >> | FIRST NAME (PRIMER NOMBRE) | MIDDLE NAME (SEGUNDO NOMBRE) | LAST NAME(S) PRIOR TO 1ST MARRIAGE [APELLIDO(S) ANTES DEL 1ER MATRIMONIO] |
| | FIRST NAME (PRIMER NOMBRE) | MIDDLE NAME (SEGUNDO NOMBRE) | LAST NAME(S) PRIOR TO 1ST MARRIAGE [APELLIDO(S) ANTES DEL 1ER MATRIMONIO] |

| | | |
|----------------------------------|----------------|-----------------------------|
| OFFICE USE ONLY | Certificate #: | Book & Page#: / |
| Payment: Cash Credit Card Check# | Amount: \$ | Poly. #: Clerk: CV JR CC SH |

NOTARIZED PROOF OF IDENTIFICATION

| | | | |
|--|--|-----------------------|-----|
| PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE | | | |
| FULL NAME OF PERSON ON RECORD | | DATE OF BIRTH/DEATH | |
| PLACE OF BIRTH/DEATH (City or County) | | | SEX |
| FULL NAME OF PARENT 1 | | FULL NAME OF PARENT 2 | |

| | |
|---|---|
| PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED. | |
| NAME AND RELATIONSHIP TO PERSON ON RECORD | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
| | |

AFFIDAVIT OF PERSONAL KNOWLEDGE

| | |
|--|--|
| PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. | |
| STATE OF _____ | |
| COUNTY OF _____ | |
| Before me on this day appeared _____ (Name) | |
| now residing at _____, (Address) (City) (State) | |
| who is related to the person on Part I as _____ and who on oath deposes and (Relationship) | |
| says that the contents of this affidavit signed by me and that the statements are true and correct. Signature _____ | |
| Sworn to and subscribed before me, this _____ day of _____, 20 _____. | |

(Personalized Seal)

| |
|----------------------------|
| Signature of Notary Public |
| Commission Expires |
| Typed or Printed Name |
| Street Address |
| City, State and 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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

DECLARACIÓN DE ADVERTENCIA: Es una felonía falsificar información en este documento. La multa por proporcionar una declaración falsa en este formulario tiene como castigo una sentencia de prisión de 2 a 10 años y una multa hasta \$10,000.00. (Código de Seguridad y salud de Texas Cap. 195. Sec195.003).

**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
CITY OF BRYAN
VITAL STATISTICS
P.O. BOX 1000
BRYAN, TX 77805**

(APPLICATIONS WITHOUT PHOTO ID AND A COMPLETED NOTARIZED PROOF OF IDENTIFICATION FORM WILL NOT BE PROCESSED)



Credit Card Information Form

***DUE TO OUR CURRENT SITUATION, IF YOU WOULD PREFER FOR US TO CALL YOU TO OBTAIN YOUR CREDIT CARD INFORMATION WE CAN IF YOU NOTE IT SOMEWHERE ON THE APPLICATION.**

Transaction Date: _____

Customer Name: _____

Credit Card Type: VISA MASTERCARD DISCOVER

Credit Card Number: _____

Expiration Date: _____

Amount of Sale: _____

CC Billing Address: _____

Telephone No.: _____

* I agree to pay the above amount according to the card member agreement:

Cardholder Signature

Date