

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

- _____ Completed Application (any items left blank will result in a delay)
- _____ Copy of the Requestor's acceptable identification (Front and Back)
- _____ Completed and Notarized Proof of Identification Form
- _____ Proof of relationship (birth certificate or marriage license) if not listed on the record.
- _____ Payment:
 - _____ Check or money order is made payable to: City of Bryan
 - _____ Credit card authorization form has been completed and signed

Cost:

	Birth Certificate	\$23.00 each	X _____ =	
	Death Certificate – 1 st Certified Copy	\$21.00	X _____ =	
	Additional copies of the Death Certificate	\$4.00 each	X _____ =	
	Postage & Handling Fee	\$10.00		
	Expedited service via FedEx	\$30.95		
	Grand Total			

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

If you have questions, call 979-209-5007.

Thank you,

City of Bryan Vital Statistics Office.



Application for a Vital Record

Please read the instructions and warning statement on the front of this application before completing this application

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

Who is a Qualified Applicant?

The **person named** on the vital record, his/her **immediate family members**, his/her **guardian**, or his/her **legal agent/representative**. An immediate family member is defined as any of the following:

- Parent/Guardian
 Grandparent
 Sibling
 Children
 Spouse

****ALL OTHER APPLICANTS MUST PROVIDE LEGAL DOCUMENTATION (EX: COURT ORDER ESTABLISHING GUARDIANSHIP, INSURANCE POLICY, ETC) THAT DOCUMENTS A DIRECT, TANGIBLE INTEREST IN THE RECORD. ****

***IF YOUR NAME IS NOT ON THE RECORD, PLEASE BE PREPARED TO SHOW PROOF OF RELATIONSHIP. ***

ACCEPTABLE IDENTIFICATIONS

PRIMARY ID

(1 item from this box)

- Driver's License from a U.S. state
- Federal or State ID card
- Law enforcement employment ID (Federal, State or City)
- Offender Identification card issued by the Texas Department of Criminal Justice or an ID from a federal or U.S. state corectional facility or institution
- Military ID card
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - Employment Authorization Document (EAD)
 - Permanent Resident Card (Green card)
 - Travel Documents
 - Re-entry Permit
 - Refugee Travel Permit
 - Advance Parole
 - SENTRI Card
 - U.S. Citizen ID Card
- U.S. Department of State issued:
 - Border Crossing Card (BCC) - (B1 or B2)
 - Visa
- Concealed Handgun License
- Pilot's license
- United States Passport

SECONDARY ID

(2 Items from this Box)

- Current student ID
- Any Primary ID that is expired
- Signed Social Security card or Numident
- DD Form 214 Certificate of Release
- Medicaid or Medicare card
- Veterans Affairs card
- Medical insurance card
- Foreign Passport accompanied by a Visa issued by the U.S. Department of State
- Foreign Passport in accordance with the U.S. Department of State, Visa Waiver Program
- Certified birth certificate from the Department of State (FS-240, DS- 1350 or FS-545)
- Private Company Employment ID card
- Form I-94 - accompanied by the applicant's Visa or Passport
- Mexican voter registration card
- Foreign Identification with identifiable photo of applicant, including:
 - El Salvador consular certification,
 - El Salvadoran Unique Identity Card [DUI],
 - Honduran consular certification

SUPPORTING DOCUMENTS:

(2 Items from this box + 1 Secondary ID)

Supporting documents include: expired secondary ID, recent utility bill, recent paycheck stub, public assistance applications or letters, bank account statement, cell phone bill or contract, medical record or bill, lease agreement, signed valid voter's registration card, official school transcript, automobile insurance card or contract, automobile title or registration, certified birth certificate from any state or country, fishing or hunting license, tax records, police report of stolen ID, social security letter, marriage license or divorce decree, loan contract, court order, etc.



Application for Vital Record

OFFICE HOURS: MONDAY – FRIDAY
8:00AM. - 4:30PM.

Order online at www.bryantx.gov/city-secretarys-office/vitalstatistics/

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VITAL STATISTICS
P.O. BOX 1000
BRYAN, TX 77805
TEL: (979)209-5007
FAX: (979)209-5017
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INSTRUCTIONS: PLEASE PRINT CLEARLY

1. Please read the instructions and warning statement before completing this application. Please fill in all fields of the application.
2. Please provide acceptable identification (listed on the back of this application) and proof of relationship (if not listed on the record)
3. Please provide payment. We accept: cash, credit cards (except AMEX), money orders or Texas checks made payable to **City of Bryan**

COSTS & FEES PLEASE COMPLETE ALL SECTIONS THAT APPLY	QUANTITY	PRICE (EACH)	TOTAL
ORIGINAL BIRTH CERTIFICATE (ONLY FOR BRYAN BIRTHS AFTER 1969)		X \$23.00	\$
ABSTRACT BIRTH CERTIFICATE (MAY NOT BE VALID FOR A PASSPORT)		X \$23.00	\$
DEATH CERTIFICATE (FIRST COPY)		X \$21.00	\$
EXTRA COPIES OF DEATH CERTIFICATE		X \$4.00	\$
STANDARD POSTAGE & HANDLING FEE		X \$10.00	\$
EXPEDITED SHIPPING VIA FEDEX		X \$30.95	\$
TOTAL			\$

APPLICANT INFORMATION

Your Full Name:	Phone No.
Full Mailing Address	
Purpose for Obtaining Certificate: <input type="radio"/> Records <input type="radio"/> Travel/Passport <input type="radio"/> School <input type="radio"/> Insurance <input type="radio"/> Drivers License Renewal <input type="radio"/> Other : _____	
What is your relationship to person on record?	

***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)**

Applicant's Signature	Date
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BIRTH CERTIFICATE OR DEATH CERTIFICATE INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME(S)	SUFFIX
DATE OF BIRTH OR DEATH	CITY OF BIRTH OR DEATH	COUNTY OF BIRTH OR DEATH	STATE: TEXAS

SEX MALE / FEMALE	IF REQUESTING A DEATH CERTIFICATE PLEASE PROVIDE THE SOCIAL SECURITY NUMBER OF DECEDENT:
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FULL NAME OF PARENT 1 →	FIRST NAME	MIDDLE NAME	MAIDEN LAST NAME
FULL NAME OF PARENT 2 →	FIRST NAME	MIDDLE NAME	MAIDEN LAST NAME

OFFICE USE ONLY

Certificate #:	Book & Page #: /	Payment: Cash Credit Card Check#	Clerk: _____
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Credit Card Information Form

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