

Mail to:  
 Wheeler County Clerk  
 Box 465  
 Wheeler, Texas 79096

<b>OFFICE USE ONLY</b>		<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER
REMIT NO. _____	CERT. # _____		
DATE _____	AMOUNT \$ _____		
DOCUMENT CONTROL # _____			

**MAIL APPLICATION FOR BIRTH RECORD**

PLEASE PRINT CLEARLY.

**INCLUDE A PHOTOCOPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.**

**Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)**

Your Name (First, Middle, Last Name, Suffix): \_\_\_\_\_

Street Address:	City:	State:	Zip Code:
Email Address:		Daytime Phone Number:	

**Your relationship to Person named on Certificate (Check One):**  Self  Child  Spouse  Parent  Sibling  
 Grandparent  Legal Guardian (proof required)  Legal Representative (proof required)  Other: \_\_\_\_\_

I authorize mailing to the address below instead of my mailing address listed above.

Name: \_\_\_\_\_

Address to Send to if different than noted above:	City:	State:	Zip Code:
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**Reason for Request:**  
 Newborn  Travel/Passport  Records  School  Insurance  Other: \_\_\_\_\_

**Step 2: INFORMATION FOR PERSON NAMED ON BIRTH RECORD (Must be completed to Identify Record Requested)**

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF BIRTH:	Month	Day	Year
PLACE OF BIRTH:	City or Town	County	<b>TEXAS ONLY</b>
FULL NAME OF PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF PARENT 2:	First Name	Middle Name	Maiden Last Name (Before first marriage)

**Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)**

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> Long Form Birth Certificate (Travel/Passport)		x \$23.00	\$
<input type="checkbox"/> Short Form Birth Certificate (General Use)		x \$23.00	\$
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$
<input type="checkbox"/> Military Personnel with current deployment orders		Exempt	
<input type="checkbox"/> Foster or Homeless child or youth		Exempt	
All orders are returned free of charge by USPS regular mail.			
<input type="checkbox"/> I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.			\$5.00
<b>Total Due:</b>			\$

**Step 4: AFFIDAVIT (NOTARY SECTION)**

**ONLY applications for birth certificates submitted by mail need to be notarized**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

*This instrument was acknowledged before me*

*on* \_\_\_\_\_  
 (Date)

By \_\_\_\_\_  
 (Printed Name of applicant acknowledging)

\_\_\_\_\_  
 (Notary Public's Signature)

(Personalized Seal)

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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, SEC. 195.003.)**

**READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)**

Signature of Applicant \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_