

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

HEMPHILL COUNTY & DISTRICT CLERK  
PO BOX 867  
400 MAIN STREET  
CANADIAN, TX 79014

DATE OF APPLICATION:

\_\_\_\_\_  
MONTH                      DAY                      YEAR

PLACE OF BIRTH:

\_\_\_\_\_  
COUNTY    STATE

NAME ON BIRTH CERTIFICATE:

\_\_\_\_\_  
FIRST    MIDDLE    LAST

DATE OF BIRTH:

\_\_\_\_\_  
MONTH                      DAY                      YEAR

MALE                       FEMALE

FATHER'S NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
(EMPLOYMENT, SOCIAL SECURITY, PERSONAL RECORD, ETC.)

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPLICANT'S PRINTED NAME: \_\_\_\_\_

APPLICANT'S TELEPHONE NUMBER: \_\_\_\_\_

RELATION TO APPLICANT (IF CERTIFICATE IS FOR ANOTHER PERSON): \_\_\_\_\_

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 the Health and Human Services.

.....  
FOR OFFICE USE:

FEES: \$23 IN OFFICE                      \$24 BY MAIL

IDENTIFYING INFORMATION ON APPLICANT: \_\_\_\_\_

REMOTE: Y / N

CERTIFICATE NUMBER: \_\_\_\_\_