



Margie R. Ibarra
WEBB COUNTY CLERK

COUNTY CLERK'S OFFICE
1110 VICTORIA, SUITE 201
LAREDO, TEXAS 78040

BIRTH CERTIFICATE APPLICATION

NO searches will be processed without a valid photo identification card. No se procesaran busquedas sin identificación valida que traiga una fotografia.

State law requires that any time we search for a certificate and it's not found, we must charge a "SEARCH FEE" equal to the certificate fee. Search fees are not refundable or transferable. La ley estatal requiere que cuando se busca una acta y no se encuentra, se cobra un "CARGO DE BUSQUEDA" (\$23.00), igual al costo del certificado. El cargo no es regresado ni transferible

The fee for a certified copy of a birth certificate is **\$23.00** each. The Fee is charged regardless of whether a record is found or not. (Texas Health & Safety Code 191.00h. La cuota por la Copia de Certificado de Nacimiento es de **\$23.00** por cada una. La cuota se cobrara ya sea que se encuentre o no el Record solicitado. Reglamento de Texas Health & Safety Code 191.00h.

Make sure you are eligible to apply: Self, Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, or Siblings, Legal Guardian or Representative. Asegure que califica para aplicar: Mismo, Madre, Padre, Hermano(a), Hijo(a), Esposo(a), Abuelos(as), Padrastro, Hermanastro(a), Custodia Legal o Represente Legal.

*****Only 10 certificates allowed in a lifetime*****

BIRTH INFORMATION

1. NAME _____ 2. SEX _____
(Nombre) Given Name(s)- (primer nombre) Last name at Time of Birth (Apellido) (Sexo)

3. DATE OF BIRTH _____
(Fecha de nacimiento) Month (Mes) Day (Dia) Year (Año)

4. PLACE OF BIRTH _____
(Lugar) City or Town County

5. NAME OF FATHER _____
(Nombre del Padre)

6. NAME OF MOTHER _____
(Nombre de la Madre)

Applicant's Name/Applicante

7. Name _____ Phone _____
(Nombre) (Telefono)

8. Mailing Address _____

9. MY PURPOSE IN OBTAINING THE COPY IS _____
(Proposito de Solicitud)

**Would you like to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health and Human Services Commission? Please check Yes ___ or No ___

9. NUMBER OF CERTIFIED COPIES _____ FEE \$ _____

FOR OFFICE USE ONLY

Applicant agrees to conditions
(Solicitante acepta condiciones)

DATE:	Batch Ctrl No.	SIGNATURE: (Firma)
VOLUME:	PAGE:	STREET: (Domicilio)
PROCESSED BY:	RECEIPT #	CITY/STATE: