

<u>OFFICE USE</u>
Certificate(s)
Receipt
Payment
Clerk



The City of Paris
 City Clerk's Office
 150 SE 1st Street
 Paris, Texas
 Deputy City Clerk - 903-784-9291
 City Clerk - 903-784-9248
 Fax - 903-784-1798

BIRTH CERTIFICATE: \$23 EACH CERTIFIED COPY [choose one of the following options]

[NOTE: Long form is only available from our office if born inside the city limits of Paris]

1 COPY \$23.00 2 COPIES \$46.00 OTHER: _____

DEATH CERTIFICATE: \$21 FIRST CERTIFIED COPY AND \$4 EACH ADDITIONAL [choose one of the following options]

1 COPY \$21.00 2 COPIES \$25.00 3 COPIES \$29.00 4 COPIES \$33.00 5 COPIES \$37.00

OTHER: _____

PRINT LEGIBLY

1. Full name of person on record: _____
2. Sex: [choose one] MALE or FEMALE _____
3. Date of birth: _____ City of birth: _____
4. Full name of mother or parent 1 [if applicable, include maiden name]: _____
5. Full name of father or parent 2 [if applicable, include maiden name]: _____
6. Date of death: _____ City of death: _____
7. Full name of person requesting certificate: _____
8. Your physical address: _____
9. Your telephone number: _____
10. Your relationship to person listed on line 1: _____
11. Purpose for obtaining this record: [choose one] RECORDS INSURANCE NEWBORN SCHOOL TRAVEL/PASSPORT
 OTHER: [please specify] _____

If you need this record to apply for a CDIB (Indian heritage), you MUST apply through the State of Texas, Bureau of Vital Statistics in Austin by either visiting their website www.dshs.texas.gov/vs or we can provide you their application upon request. If additional assistance is needed, you may call their office at 1-888-963-7111

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 OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature _____ Date of Application _____

- FOR MAIL ISSUANCE, SEND THE FOLLOWING:
1. COMPLETED APPLICATION
 2. SWORN STATEMENT
 3. PHOTOCOPY OF THE SWORN PHOTO ID
 4. PAYMENT [CHECK OR MONEY ORDER ONLY]
 5. STAMPED AND ADDRESSED RETURN ENVELOPE

TO:
 THE CITY OF PARIS CITY
 CLERK'S OFFICE
 P.O. BOX 9037 PARIS,
 TX 75461

MAIL APPLICATIONS RECEIVED WITHOUT ALL ITEMS NOTED ABOVE WILL NOT BE PROCESSED