

OFFICE USE
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: [MAIDEN NAME IF FOR BIRTH CERTIFICATE]

2. Sex: [choose one] **MALE** or **FEMALE**

3. Date of birth: \_\_\_\_\_ City of birth: \_\_\_\_\_

4. Full name of mother or parent 1 [include maiden name]: \_\_\_\_\_

5. Full name of father or parent 2 [if applicable]: \_\_\_\_\_

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: [circle one] **DRIVER'S LICENSE RENEWAL** **RECORDS** **INSURANCE** **NEWBORN**  
**SCHOOL** **PASSPORT** **OTHER: \_\_\_\_\_**

*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](http://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 \_\_\_\_\_

Yes, I would like to purchase a protective envelope for an additional \$2.00