

OFFICE USE

Certificate(s) _____

Receipt _____

Payment _____

Clerk _____

**The City of Paris**City Clerk's Office
150 SE 1st Street
Paris, Texas 75460

Deputy City Clerk—903-784-9291

City Clerk—903-784-9248

Fax—903-784-1798

BIRTH CERTIFICATE (LONG FORM IS ONLY AVAILABLE FROM THE CITY OF BIRTH)**1 COPY \$23.00****2 COPIES \$46.00****3 COPIES \$69.00****OTHER: _____****DEATH CERTIFICATE (THE PERSON MUST HAVE BEEN PRONOUNCED DECEASED IN PARIS CITY LIMITS)****\$21.00 FOR THE FIRST COPY AND THEN \$4.00 FOR EACH ADDITIONAL COPY****1 COPY \$21.00****2 COPIES \$25.00****3 COPIES \$29.00****4 COPIES \$33.00****5 COPIES \$37.00****OTHER : _____**

1. Full name of person on the certificate (maiden name if for birth): _____

2. Gender: MALE or FEMALE (please circle one)

3. Date of Birth: _____ City of Birth: _____

4. Full Name of Mother (include maiden name): _____

5. Full Name of Father (if father is not listed, leave blank): _____

6. Date of Death (for death certificate only): _____ City of Death: _____

7. Full name of Applicant (YOU): _____

8. Your physical address: _____

9. Your phone number: _____

10. Your relationship to the person who's record you are requesting: _____

11. What is your purpose for obtaining this record: (circle one) DRIVER'S LICENSE RECORDS INSURANCE

SCHOOL SPORTS PASSPORT NEWBORN OTHER REASON: _____

CDIB MEMBERSHIP—if you need this record to apply for a CDIB card, you **MUST** get the State-issued copy from the Bureau of Vital Statistics in Austin by either submitting an online application at <https://www.texas.gov/texas-vital-records/> or by mailing in an application. We can provide you with the application upon request. If additional assistance is needed, you may call their office at 512-776-7111.

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: _____

I would like to purchase a protective cover for \$2.00 each ☐