

TOM GREEN COUNTY CLERK
124 W BEAUREGARD
SAN ANGELO TX 76903
325-659-6556 Fax No. 325-659-3251

WE WILL NEED TO MAKE A COPY OF YOUR PICTURE ID

NAME ON RECORD _____ / _____ / _____
(NOMBRE) First (PRIMER) Middle (SEGUNDO) Last (APELLIDO)

DATE OF BIRTH _____ / _____ / _____ SEX: M _____ F _____
(FECHA DE NACIMIENTO) Month (MES) Day (DIA) Year (ANO) (SEXO)

PLACE OF BIRTH _____ / _____
(LUGAR DE NACIMIENTO) City (CIUDAD) County (CONDADO)

FATHER'S NAME _____ / _____ / _____
(NOMBRE DE PADRE) First (PRIMER) Middle (SEGUNDO) Last (APELLIDO)

MOTHER'S MAIDEN NAME _____ / _____ / _____
(NOMBRE DE MADRE) First (PRIMER) Middle (SEGUNDO) Maiden (SOLTERA)

CHOOSE FROM THE SIZES BELOW:

FULL REPRODUCTION: \$23.00 _____ **PLASTIC SLEEVE \$1.50** _____

***ABSTRACT SIZE: \$23.00** _____ **PLASTIC SLEEVE \$1.00** _____

Purpose for birth certificate: New Birth ___ Passport ___ DL/ID ___ SS# ___ Housing ___ School ___ Other ___
(RAZON PARA OBTENER EL CERTIFICADO)

Name of Person Applying for Record (Please Print) _____
(Applicante – Imprima por favor)

Applicant's Daytime Telephone Number (_____) _____
(Number de Telefono)

Applicant's Mailing Address _____ / _____ / _____
(DIRECCION) City (CUIDAD) State (ESTADO) Zip Code

Applicant's Relationship to Person Named on Certificate _____
(RELACION A PERSONA EN EL CERTIFICADO)

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (TEXAS HEALTH AND SAFETY CODE, Chapter 195, Sec. 195.003)

SIGNATURE OF APPLICANT (FIRMA)

DATE (FECHA)

OFFICE USE ONLY

DOCUMENT #: _____

REGISTRAR # _____

ISSUED BY: _____

"I have been informed and understand that the * **Abstract** birth certificate I am receiving does NOT meet the basic requirements as set forth by the U. S. Passport Services."

SIGNATURE _____

THE STATE OF _____ §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____
Known to me to be the person whose name is subscribed on the foregoing instrument, and
acknowledged to me that they executed the same for the purposes and consideration therein
expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this _____ day of _____, _____.

Notary Signature _____

Printed Name of Notary _____

My commission expires on _____

Credit card payments are now made through <https://certifiedpayments.net>, The Bureau code is 2320034 (This number will also be used for the 'Cause No.'). Alternatively, you can call 1-866-549-1010 to make your payment. You will get a transaction number that you will need to copy down. Include that number with your mail or fax. Once you have made your payment, print out the payment verification sheet (or write the transaction number you got over the phone) and fax it (325-659-3251), mail it to the address at the top of the form, or you can email it to email it to: vitalstatistics@co.tom-green.tx.us along with the application and other paperwork to our office.

PLEASE NOTE - IF YOU ARE MAILING YOUR PAPERWORK TO US, AND PAYING BY CREDIT CARD, PLEASE CALL US AT 325-659-6556 TO ENSURE YOUR PAPERWORK HAS BEEN RECEIVED BEFORE MAKING YOUR PAYMENT. IF WE DO NOT RECEIVE YOUR DOCUMENTS AT THE TIME OF PAYMENT YOUR PAYMENT WILL BE REFUNDED. THANK YOU

Government Issued Identification Required: Driver's License, State ID. Card, Military I.D. Card. etc. If requested by mail, include money order or credit card information (see above) and photocopy of I.D.

WE CANNOT ACCEPT PERSONAL CHECKS