Number Requested	Office Use Only
_____ Local Fee X $23.00 – Victoria County Births _____ Wallet Size Fee X $23.00 - All Births in Texas _____ Remote 5x7 Fee X $23.00 - Other Counties in Texas *(Years available 1926 to present)* _____ Poly Cover - Large - 50¢ _____ Poly Cover – Remote - $1.00 Search Fee $23.00 - No record issued	Certificate No. _____ File No. 02 -_____ No. Of Copies _____ Issued by : _____ Wallet Covers: _____ Large Covers: _____

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

City Secretary's Office
City of Victoria
P.O. Box 1758
Victoria, Texas 77902
(361) 485-3040 Fax (361) 485-3045

INFORMATION ABOUT PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

1. Full Name of Person On Record	First Name	Middle Name		Last Name at Birth
2. Date of Birth * * * * * * * *	Month	Day	Year	3. Sex
4. Place of Birth * * * * * * * *	City or Town	County		State
5. Full Name of Father	First Name	Middle Name		Last Name
6. Full Maiden Name of Mother	First Name	Middle Name		Last Name (Maiden)

INFORMATION ABOUT PERSON REQUESTING BIRTH CERTIFICATE

7. Purpose for which Birth Certificate is to be used:_____

8. How are you related to person named in Item 1:_____

9. Your Name:_____ **10. Telephone:** _____

11.MailingAddress:_____
Address City State Zip Code

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 TO 10 YEARS IN PRISON AND A FINE OF UP TO $10,000.00. (Health and Safety Code, Chapter 195, Section 195.003)

_____ _____
Signature of Applicant **Date**

Identification Required - Picture ID, such as Driver's License, or two other types of ID, one must have applicant's signature.