



MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST. Make money order or cashier's ck payable to: City of Canyon

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
☐ Long form for Canyon births only	\$23			Certified Copy (1 copy)	\$21		
☐ Abstract	\$23			Additional Certified Copies	\$3		
Total				Total			

☐ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

APPLICANT INFORMATION (Part II)			
Applicant Name		Telephone #	Email Address
Full Mailing Address	Street Address	City	State Zip
Relationship to person listed above		Purpose for obtaining this record:	
☐ I authorize mailing to the address below. I have verified that the address below will receive my order.			
Name of Person Receiving Copies, if Different from Applicant			
Mailing Address for Copies, if Different from Applicant			
City		State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)	
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)	
now residing at _____ (Address) _____ (City) _____ (State)	
who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)	
The applicant presented the following type and number of identification: _____	
Applicant Signature _____	
(Seal)	Sworn to and subscribed before me, this _____ day of _____, 20____.
	Signature of Notary Public and Notary ID Number _____
	Typed or Printed Name: _____
	Commission Expires: _____
	Street Address: _____
	City, State, Zip: _____

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.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
City of Canyon – Vital Statistics
301 16th St, Canyon, TX 79015