OFFICE USE ONLY

Certificate(s): _____

Receipt #: _____

Payment: _____

Clerk: _____

PARIS TEXAS

City Clerk's Office

150 SE 1st Street
Paris, Texas 75460
Deputy City Clerk—903-784-9291
City Clerk—903-784-9248

BIRTH CERTIFICATE

(LONG FORM IS ONLY AVAILABLE FROM THE COUNTY/CITY OF BIRTH, *OR* THE VITAL RECORDS OFFICE IN AUSTIN)

1 COPY	2 COPIES	3 COPIES	OTHER: _____
$23.00	$46.00	$69.00	

There is a lifetime limit of 10 birth certificates for one individual.

DEATH CERTIFICATE

(THE PERSON MUST HAVE BEEN PRONOUNCED DECEASED WITHIN PARIS CITY LIMITS)

$21.00 FOR THE FIRST COPY,
$4.00 FOR EACH ADDITIONAL COPY

1 COPY	2 COPIES	3 COPIES	4 COPIES	5 COPIES
$21.00	$25.00	$29.00	$33.00	$37.00

OTHER: _____

INFORMATION ABOUT THE PERSON ON THE CERTIFICATE

1. Full name of person on the certificate (maiden name if for birth): _____
   First *Middle* *Last*
2. Gender: ☐ MALE ☐ FEMALE *(please check 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. **FOR DEATH CERTIFICATES ONLY:**
   Date of Death: _____ City of Death: MUST BE PARIS FOR US TO HAVE THE RECORD

INFORMATION ABOUT YOU — THE APPLICANT

7. Your full legal name: _____
8. Your physical address: _____
9. Your phone number: _____
10. Your relationship to the person whose record you are requesting: I am their: _____ ☐ Self
11. What is your purpose for obtaining this record? *(Check all that apply)*

☐ DRIVER'S LICENSE/ID ☐ INSURANCE ☐ SCHOOL ☐ SPORTS
☐ PASSPORT ☐ NEWBORN ☐ CDIB MEMBERSHIP – *SEE BELOW*
☐ OTHER: _____

CDIB (CERTIFICATE OF DEGREE OF INDIAN BLOOD)

For CDIB membership, you **must** obtain a State-issued certified copy of the birth certificate from Texas Vital Statistics in Austin by applying online at www.Texas.gov or by mail. Birth certificates issued by our office are not sufficient for CDIB purposes. We can provide the appropriate State application upon request. For assistance, please contact Texas Vital Statistics 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 SIGNING A FORM CONTAINING 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)

Signature of Applicant: _____ Date of Application: _____

I would like to purchase a protective cover for $2.00 each: ☐ YES Quantity: _____