

Application for Birth Record

Arlington Vital Records Office Arlington City Hall 101 W. Abram Street, 1st Floor Arlington, TX 76010

APPLICATIONS WITHOUT $\underline{\text{VALID PHOTO ID}}$ WILL NOT BE PROCESSED. TEXAS BIRTHS ONLY \cdot APPLICATIONS MUST BE COMPLETELY FILLED OUT

These records are protected by the Texas Health and Safety Code and may only be released to a **properly qualified applicant**, which is defined as **an immediate member of the family, a legal or personal representative, or agent.** All information must be completed before your order can be processed.

		Fees: \$23.00 for	each copy.		
Long form # of copies: Short form # of copies		. —	Protect your Vital Record with a Poly Envelope:		
(Long form available for bi	rths in Arlington afte	er 1971)	\$2.00		
full Name:					
Person on record)	First	Middle		Last	
Date of birth:		Place of birth:			
			City	County	State
Full Name of Father:					
	First	Middle		Last	
Full MAIDEN Name of Mother	r: First	Middle		Maidan Nama	
				Maiden Name	
Name of Applicant:		signing the applicati	·	Phone:	
(<u>Pri</u>	<u>nted</u> name of person	signing the applicati	ion)		
Address of Applicant:	Street			Q	
	Street	Ci	ty	State	Zip
Relationship to Person Named	on the record:				
Purpose for Obtaining this Rec	ord:				
arpose for Obtaining this Rec	oru				
Warning: The penalty for			on this form ca	an be 2 to 10 years in pr	ison and a fine
to \$10,000. (Health and Sa	afety Code, Chapter	195.003)			
Signature of Applicant				Date of Application	