



# Mail Application for Birth Record

**\*\*Please print. Include a copy of applicant's valid photo ID.  
MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF ARLINGTON**

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. Proper identification will be required at the time of order. 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 Poly Envelope:**

(Long form available for births in Arlington after 1971) **\$2.00** (long) \_\_\_\_\_

(Optional) Certified Mail: **\$7.00** \_\_\_\_\_ (Optional) Expedite Fee: **\$5.00** \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

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 \_\_\_\_\_  
First Middle Maiden Name

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
(person signing the application)

Address of Applicant: \_\_\_\_\_  
Street City State Zip

Relationship to Person Named on the record: \_\_\_\_\_ Purpose for Obtaining this Record: \_\_\_\_\_

**Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Chapter 195.003)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED**

City of Arlington Vital Records Office • 101 W. Abram St., MS 01-0110 • Arlington, Texas 76010

REV. 2.19

**AFFIDAVIT OF PERSONAL KNOWLEDGE** (This section must be signed in the presence of a notary public.)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared (name) \_\_\_\_\_

now residing at (address) \_\_\_\_\_

who is related to the person named in Part 1 as (relationship) \_\_\_\_\_ and who on oath desposes and says the contents of this affidavit are true and correct.

Applicant Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_