

SOMERVELL COUNTY, TEXAS
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE
\$23.00 PER COPY

NUMBER OF COPIES REQUESTED:	DATE:
FULL NAME ON BIRTH CERTIFICATE:	
DATE OF BIRTH:	
PLACE & COUNTY OF BIRTH:	
FULL NAME OF FATHER:	
FULL MAIDEN NAME OF MOTHER:	
YOUR NAME (PRINTED):	
YOUR SIGNATURE:	
YOUR ADDRESS:	
YOUR RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED:	
PURPOSE FOR OBTAINING COPY:	
TO YOUR KNOWLEDGE, HAS THERE EVER BEEN A NAME CHANGE, ADOPTION, OR AMENDMENT FILED TO THIS CERTIFICATE? _____ IF SO, PLEASE EXPLAIN:	
ENCLOSED IS \$ _____ FOR _____ CERTIFIED COPY(IES).	

FOR CLERK'S USE

<p>CERTIFICATE NUMBER ISSUED:</p> <p>REMOTE _____</p> <p>LOCAL _____</p>	<p>CLERK'S FILE MARK</p>
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