

City of Tomball

Permission Request for Birth Certificate on Behalf of Family Member

Instructions:

1. Please have one of the parents fill out and sign this form.
2. The parent must attach a NOTARIZED copy of his/her **valid driver's license**.
3. Once this form is completed in its entirety, the **authorized relative** will need to fill out an application for the birth certificate.
4. The **authorized relative** will then need to provide his/her **valid driver's license**.

If you have any questions, please contact the Vital Registrar at 281.290.1000.

I _____ grant permission to _____,
(Person Named on Birth Record) (First & Last Name of Person Requesting Birth Record)

my _____ (relationship to mother/father) to request a certified
copy of my _____ (son/daughter)'s birth certificate.

My _____ (son/daughter)'s date of birth is ____/____/____.
(MM/DD/YYYY)

Signature of Person Named on Record

Date

IMPORTANT: Arrangements **must** be made with the Vital Registrar prior to requesting a birth certificate on behalf of a family member in order for this release form to be accepted.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. 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) _____ (City) _____ (State)	
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	
(Seal)	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

City of Tomball Vital Statistics
401 Market Street
Tomball, TX 77375-4697

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)