

**TOM GREEN COUNTY CLERK  
124 W BEAUREGARD  
SAN ANGELO TX 76903  
325-659-6556 Fax No. 325-659-3251**

**CHOOSE FROM THE SIZES BELOW:**

**BIRTH CERTIFICATE - \$23.00 EACH**

\_\_\_\_\_ **LONG FORM (Tom Green County Births only)**  
\_\_\_\_\_ **\*ABSTRACT (Out of County Birth – Remote)**

\_\_\_\_\_ **PLASTIC SLEEVE (\$1.50)**

**NAME ON RECORD** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NOMBRE) First (PRIMER) Middle (SEGUNDO) Last (APELLIDO)

**Date of Birth/Death** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
(CIRCLE ONE) Month (MES) Day (DIA) Year (ANO) (SEXO)

**PLACE Birth / Death** \_\_\_\_\_ / \_\_\_\_\_  
(CIRCLE ONE) City (CIUDAD) County (CONDADO)

**FATHER'S NAME** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NOMBRE DE PADRE) First (PRIMER) Middle (SEGUNDO) Last (APELLIDO)

**MOTHER'S MAIDEN NAME** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(NOMBRE DE MADRE) First (PRIMER) Middle (SEGUNDO) Maiden (SOLTERA)

**Purpose for birth certificate:** New Birth \_\_\_ Passport \_\_\_ DL/ID \_\_\_ SS# \_\_\_ Housing \_\_\_ School \_\_\_ Other \_\_\_  
OR DEATH CERTIFICATE

**Name of Person Applying for Record (Please Print)** \_\_\_\_\_  
(Applicante – Imprima por favor)

**Applicant's Daytime Telephone Number** (\_\_\_\_\_) \_\_\_\_\_  
(Number de Telefono)

**Applicant's Mailing Address** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address (DIRECCION) City (CUIDAD) State (ESTADO) Zip Code

**Applicant's Relationship to Person Named on Certificate** \_\_\_\_\_  
(RELACION A PERSONA EN EL CERTIFICADO)

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (TEXAS HEALTH AND SAFETY CODE, Chapter 195, Sec. 195.003)**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT (FIRMA)**

\_\_\_\_\_  
**DATE (FECHA)**

**OFFICE USE ONLY**

DOCUMENT #: \_\_\_\_\_

REGISTRAR # \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

"I have been informed and understand that the \* **Abstract** birth certificate I am receiving does NOT meet the basic requirements as set forth by the U. S. Passport Services."

**SIGNATURE** \_\_\_\_\_

THE STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_  
Known to me to be the person whose name is subscribed on the foregoing instrument, and  
acknowledged to me that they executed the same for the purposes and consideration therein  
expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

My commission expires on \_\_\_\_\_

Credit card payments are now made through <https://certifiedpayments.net>, The Bureau code is 2320034 (This number will also be used for the 'Cause No.'). Alternatively, you can call 1-866-549-1010 to make your payment. You will get a transaction number that you will need to copy down. Include that number with your mail or fax. Once you have made your payment, print out the payment verification sheet (or write the transaction number you got over the phone) and fax it (325-659-3251), mail it to the address at the top of the form, or you can email it to email it to: [vitalstatistics@co.tom-green.tx.us](mailto:vitalstatistics@co.tom-green.tx.us) along with the application and other paperwork to our office.

**PLEASE NOTE - IF YOU ARE MAILING YOUR PAPERWORK TO US, AND PAYING BY CREDIT CARD, PLEASE CALL US AT 325-659-6556 TO ENSURE YOUR PAPERWORK HAS BEEN RECEIVED BEFORE MAKING YOUR PAYMENT. THANK YOU**

Government Issued Identification Required: Driver's License, State ID. Card, Military I.D. Card. etc. If requested by mail, include money order or credit card information (see above) and photocopy of I.D.

**WE CANNOT ACCEPT PERSONAL CHECKS**