

The Justice of the Peace, Precinct 3/Local Registrar processes birth records only for the areas in Bishop, Driscoll, Petronila, and a small section of Robstown in the Nueces County.

You may contact the City of Corpus Christi Health Department at (361) 826-7200 or the Texas Department of State Health Services website

http://www.dshs.texas.gov/vs/reqproc/certified_copy.shtm.

The Justice of the Peace, Precinct 3/Local Registrar does not accept checks only cashier's check or money order.



MAILING ADDRESS:
Larry L. Lawrence
Justice of the Peace, Precinct 3
115 South Ash Street, P.O. Box 27
Bishop, TX 78343-0027
361.584.2411

APPLICATION FOR CERTIFIED COPIES OF BIRTH OR DEATH CERTIFICATES

Birth	\$23.00 per copy	# Requested _____		Total Due \$ _____
Death	\$21.00 for first copy, \$4.00 each additional copy	# Requested _____		Total Due \$ _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name on Record _____
First Middle Last

Date of Birth Death* _____ County of Birth Death* _____
Month/Day/Year

Father's Name _____

Mother's Name _____
First Middle Last (Maiden)

***ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATES ONLY**

Social Security Number of the Deceased _____ - _____ - _____

Birthdate: ____/____/____ Birthplace: _____

APPLICANT INFORMATION (This information must be filled out complete)

Name _____

Full Address _____
Street Address City State ZIP

Relationship to Person Named _____

Purpose for Obtaining this Record _____

Telephone Number (____) _____ (8:00 a.m.-4:00 p.m. Monday thru Friday)

Certified copies may be issued only to properly qualified applicants who have submitted proof of their identification and have fully identified the record requested. It is a third degree felony to falsely obtain, use, or alter another person's Certificate of Birth or Death.

A qualified applicant is defined as the registrant, or immediate family member either by blood or marriage, his or her guardian, or his or her legal representative.

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)

_____ (Address) _____ (City) _____ (State)

who is related to _____ (Relationship)

I declare 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:
Justice of the Peace, Precinct 3
115 South Ash Street, P.O. Box 27
Bishop, TX 78343**

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