



OFFICE USE ONLY

REQUEST NO. _____ DATE _____

APPLICATION FOR ELECTION IDENTIFICATION BIRTH CERTIFICATE

COMPLETE STEPS 1 AND 2. SIGN AND DATE THE APPLICATION. PROVIDE YOUR VAILID PHOTO ID.

Step 1: YOUR INFORMATON AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):
Street Address: City: State: Zip Code:
Email Address: Daytime Phone Number:

By checking this box, you swear that the use of this Election Identification Birth Certificate is needed to obtain an Election Identification Card issued by the Department of Public Safety. The certificate cannot be used for any other purpose.

Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)

Table with columns: FULL NAME ON RECORD, DATE OF BIRTH, PLACE OF BIRTH, FULL NAME OF PARENT 1, FULL NAME OF PARENT 2. Includes sub-columns for First Name, Middle Name, Last Name, Month, Day, Year, SEX, City or Town, County, Maiden Last Name.

Election Identification Birth Certificate (EIC) - Texas Health and Safety Code 191.0046. FEE EXEMPTIONS. (e) It is the intent of the legislature to not impose a cost for obtaining certified records for the purpose of obtaining an election identification certificate issued pursuant to Chapter 521A, Transportation Code.

To qualify for the fee waiver, the applicant must appear in person at the Vital Statistics Section (VSS), a local registrar, or a county clerk. Only the person seeking an EIC can obtain their own birth certificate.

The applicant must provide his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English and Spanish.

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000.

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____

Signature Received _____ Date (MM/DD/YYYY) ____/____/____

ESTIMATED PROCESSING TIME IS SAME DAY, IN MOST CASES.

OFFICE USE ONLY
Cert # _____ Document Control # _____
Issued by Staff _____