



Please fill out an application for each person to register.
If either parent has already passed away, write "deceased" after the name.
All names must be written as they appear on the identifications.

REQUEST FOR REGISTRATION OF BIRTH

HOUSTON TEXAS, TODAY IS _____

PERSON TO REGISTER	NAME:	TIME OF BIRTH:
	PLACE OF BIRTH:	DATE OF BIRTH:
	IT WAS PRESENTED:	ALIVE: <input type="checkbox"/> DEAD: <input type="checkbox"/> SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	COMPREHENS:	FATHER: <input type="checkbox"/> MOTHER: <input type="checkbox"/> BOTH: <input type="checkbox"/> DIFFERENT PERSON: <input type="checkbox"/>
PARENTS	FATHER'S NAME:	AGE: _____
	OCCUPATION:	NATIONALITY:
	PHONE NUMBER:	EMAIL:
	MOTHER'S NAME:	AGE: _____
	OCCUPATION:	NATIONALITY:
	PHONE NUMBER:	EMAIL:
	ADDRESS:	
GRANDPARENTS	GRANDFATHER: (FATHER)	NATIONALITY:
	GRANDMOTHER: (FATHER)	NATIONALITY:
	GRANDFATHER: (MOTHER)	NATIONALITY:
	GRANDMOTHER: (MOTHER)	NATIONALITY:
WITNESSES (2)	NAME:	NATIONALITY:
	PHONE NUMBER:	AGE: _____
	ADDRESS:	
	NAME:	NATIONALITY:
	PHONE NUMBER:	AGE: _____
	ADDRESS:	

Under protest to tell the truth, I declare that all the information provided is correct.

signature