

Application for Certified Copy of Birth or Death Certificate

BIRTH

REQUESTED _____

Certified Copies X \$23.00 _____

Sleeve Plastic X .50 _____

Voluntary Contribution \$5.00 _____

TOTAL ENCLOSED _____

DEATH

REQUESTED _____

Certified Copies X \$21.00 _____

Extra Copies X \$4.00 _____

Voluntary Contribution \$5.00 _____

TOTAL ENCLOSED _____

PLEASE PRINT
 See Reverse Side for Instructions

1. Full Name of Person on Record Nombre	First Name/ Primer Nombre	Middle Name/ Medio Nombre	Last Name/ Apellido
2. Date of Birth Fecha	Month/ Mes	Day/ Dia	Year/ Ano
3. Sex/ Sexo	4. Place of Birth Lugar en ode Nacio		State/ Estado
	City or Town/ Ciudad	County/ Condado	
5. Full Name of Parent 1 Papa	First Name/ Primer Nombre	Middle Name/ Medio Nombre	Maiden Name/Last Name/ Apellido
6. Full Name of Parent 2 Mama	First Name/ Primer Nombre	Middle Name/ Medio Nombre	Maiden Name/Last Name/ Apellido de Soltera

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services

7. Your Name/ Su Nombre: _____ 8. Telephone/Telefono #: (_____) _____
 (Mon-fri 8:00-5:00)

9. Mailing Address/ Direccion: _____
 Street/ Calle _____ City/Ciudad _____ State/ Estado _____ Zip/Codigo Postal _____

10. Relationship to Person Named in Item 1/ Relacion a la Persona Nombrada bajo No.1: _____

11. Purpose for Obtaining this Record/ Razon por pedir este Documento: _____

12. Mail B.C. to/ Envie por Correo a: _____

12. If Certified Copy Is to Be Mailed to Some Other Person, Please Complete:

Name _____ Street Address _____
 City _____ State _____ Zip Code _____

WARNING: It Is A Felony To Falsify Information On This Document. 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. (Health and Safety Code, Chapter 195, Sec. 195.003)

Your Signature/ Su Firma _____

Date of Application/ Fecha de Aplicacion _____

OFFICE USE ONLY

IDENTIFICATION TYPE (Drivers License, I.D. Card, etc) _____ NUMBER (on Drivers License, I.D. Card, etc.) _____

Instructions for Application for Certified Copy of Birth or Death Record

- Fees are subject to change without notice. For any search where the record is not found, the searching fee is non-refundable or transferable.
- Birth records are confidential for 75 years and death records are confidential for 25 years; therefore, issuance is restricted.
- Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 10), and purpose (Item 11) be provided in order to issue the record.
- Check the appropriate box for either a birth or death record and indicate the number of records requested.
- If you would like to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services

- Item 1. Full Name of Person on Record — Enter the full name of the person shown on the record being requested.
- Item 2. Date of Birth or Death — Enter the exact date of birth or death. If the exact date of death is not known, enter the date the person was last known to be alive.
- Item 3. Sex — Enter male or female.
- Item 4. Place of Birth or Death — Enter the name of the city or county in which the birth or death occurred. If the exact place of death is not known, enter the last address known when the person was alive.
- Item 5. Full Maiden/Name of Parent 1 — Enter the full maiden/name of Parent 1 of the person shown on the record.
- Item 6. Full Maiden/Name of Parent 2 — Enter the full maiden/name of the Parent 2 of the person shown on the record.
- Item 7. Your Name — Enter your full name.
- Item 8. Telephone — Enter your telephone number with area code where you can be reached between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.
- Item 9. Mailing Address — Enter your complete current mailing address.
- Item 10. Relationship to Person Named in Item 1 — Enter how you are related to the person whose record you are requesting.
- Item 11. Purpose for Obtaining this Record — Enter the reason or purpose for which you are requesting this record.
- Item 12. Additional Identifying Information for Death Certificate — The following additional information assists our staff in positively identifying a record when exact dates, places and spelling of the name(s) are not known for a death certificate: Social Security Number of Deceased, Birth Date, and Birth Place, etc.
- Item 13. If certified copy is to be mailed to some other person, please complete — Enter the complete current mailing address of the person who is to be mailed the certified copy(ies), if someone other than yourself.

If requesting a birth certificate by mail the NOTARIZED PROOF OF IDENTIFICATION and AFFIDAVIT OF PERSONAL KNOWLEDGE must accompany the application for Certified Copy of Birth or Death Certificate with a COPY OF VALID IDENTIFICATION.

NOTORIZED 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 signed by me and that the statements are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____	
<i>(Personalized Seal)</i>	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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

*Deaf Smith County Clerk's Office
235 E 3rd St
Hereford Tx 79045*

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