

APPLICATION FOR BIRTH OR DEATH CERTIFICATE

Birth Certificate

_____ No. of Certified Copies Requested
 @\$23.00 each = _____

Death Certificate

_____ No. of Certified Copies Requested
 @\$21.00 for First Copy and \$4.00 additional
 copies of same record/same request

Applicant wishes to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health & Human Services Commission.

1. Full Name of Person on Record:	First Name	Middle Name	Last name	
2. Date of Birth or Death:	MM/DD/YYYY	3. Sex:	Male or Female	
4. Place of Birth or Death:	City or Town	County	State	
5. Full Name of Father:	First Name	Middle Name	Last Name	
6. Full Maiden Name of Mother:	First Name	Middle Name	Last Name (Maiden)	
7. Applicant's Name (Give YOUR Full Name):	First Name	Middle name	Last Name	
8. Applicant's Telephone Number:	Home phone	Cell phone		
9. Mailing Address:	Street Address	City	State	Zip code
10. Relationship to Person Named in Item No. 1:				
11. Purpose for Obtaining this Record:				
12. Additional Identifying Information for Death Certificate:	Decedent's SSN	Decedent's Birth Date	Decedent's Birth Place	

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 (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.003)

 Date of Application

 Applicant's Signature

If requesting by mail or Fax, Applicant must attach copy of Driver's License or State Issued Identification.

Office Use Only

Certificate No. : _____

Document Control No.: _____

Form of I.D. : _____

Number on D.L. or I.D.: _____

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)

and 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:
Jefferson County Clerk, P.O. Box 1151, Beaumont, TX 77704-1151**

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