



Jefferson County Clerk

MAILING ADDRESS: PO BOX 1151, Beaumont, Texas 77704 Phone: (409) 835-8475, Opt. 2

Web: <https://co.jefferson.tx.us/cclerk/> Email: countyclerk@jeffcotx.us

APPLICATION FOR BIRTH OR DEATH CERTIFICATE BETWEEN 1903 AND 1966

BIRTH CERTIFICATE

_____ Certified Copies Requested

@ \$23.00 each = \$ _____

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.

DEATH CERTIFICATE

_____ Certified Copies Requested

\$ 21.00 First Copy;

\$ 3.00 Additional Copies of the Same

____ FedEx Priority Overnight

\$ 12.50 FLAT FEE

***Search Fee is non-refundable for Birth & Death Records (TAC 25 Chapter 181)**

| | | | |
|--|-------------------------------------|-------------|-----------------------------------|
| 1. Full Name of Person on Vital Record | First Name | Middle Name | Last Name |
| 2. Date of Birth or Date of Death | Month | Day | Year |
| 3. Sex | 4. Place of Birth or Place of Death | | State TEXAS |
| 5. Full MAIDEN Name of MOTHER | First Name | Middle Name | Last Name (Maiden, if applicable) |
| 6. Full Name of FATHER | First Name | Middle Name | Last Name (Maiden, if applicable) |

7. APPLICANT'S NAME: _____ 8. RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____
(Give YOUR full name)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. TELEPHONE NUMBER AND EMAIL ADDRESS: (____) _____ EMAIL ADDRESS _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. ADDITIONAL IDENTIFYING INFORMATION FOR **DEATH CERTIFICATE**:
SOCIAL SECURITY # OF DECEASED _____ BIRTH DATE _____ BIRTH PLACE _____

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)

ORIGINAL SIGNATURE OF APPLICANT

DATE OF APPLICATION

»» MAIL APPLICANTS ONLY: MUST INCLUDE A VALID [CURRENT] LEGIBLE COPY OF GOV'T ISSUED PHOTO ID OF THE APPLICANT AND THE ATTACHED SWORN (NOTARIZED) STATEMENT««


| <u>OFFICE USE ONLY</u> | | |
|---|-------------------------------------|-----------------|
| CERT #(S) _____ | DATE _____ | ORDER NO. _____ |
| DOCUMENT CONTROL # _____ | BY: _____ | EXP _____ |
| IDENTIFICATION TYPE (DL, ID CARD, ETC.) _____ | NUMBER (ON DL, ID CARD, ETC.) _____ | DOB _____ |

For urgent requests, orders may be **EXPEDITED** by sending the application and ID through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: **JEFFERSON COUNTY CLERK 1085 PEARL STREET, FIRST FLOOR, BEAUMONT, TX 77701 OR EMAILED to: Filing@jeffcotx.us**

**INSTRUCTIONS FOR APPLICATION FOR
CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE BETWEEN 1903 and 1966**

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL.** WE SUGGEST YOU SEND A CHECK OR MONEY ORDER MADE PAYABLE TO: **JEFFERSON COUNTY CLERK.**

THE SWORN STATEMENT MUST ALSO BE INCLUDED FOR MAIL-IN OR EMAIL REQUESTS.

- Item 1. Name on Record:
State the FULL NAME of the person shown on the record being requested.
- Item 2. Date of Event: (The date of the Birth OR Death)
Give the exact date of the birth or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)
- Item 3. Sex:
Enter Male or Female.
- Item 4. Place of Event:
State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)
- Item 5. Mother Parent Name:
Give the full name of the parent of the person shown on the record. Give the FULL MAIDEN NAME of the mother, if applicable.
- Item 6. Father Parent Name:
Give the full name of the parent of the person shown on the record. Give the FULL MAIDEN NAME of the mother, if applicable.
- Item 7. Applicant's Name:
Give YOUR full name
- Item 8. Relationship to person named on the Vital record:
 State how you are related to the person whose record you are requesting. Only the person named on the vital record, his/her immediate family members (either by blood, marriage, or adoption), his/her guardian, or his/her legal agent/representative can request a certified copy of that vital record. *All other applicants must provide legal documentation (such as a court order establishing guardianship, an insurance policy listing the applicant as the beneficiary, etc.) that documents a direct, tangible interest in the birth or death certificate.* **Section 181.1(21) of the Texas Administrative Code**
- Item 9. Mailing Address:
Give us your complete current mailing address.
- Item 10. Telephone Number and Email Address:
Give us the telephone number with area code where you can be reached between the hours of 8 a.m. and 5 p.m., Monday through Friday along with your email address.
- Item 11. Purpose for obtaining this record:
State the reason or purpose for which you are requesting this record.
- Item 12. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**
This 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 the deceased
Birthdate of the deceased
Birthplace of the deceased
Any other information that would be helpful in identifying the record of an individual.

NOTE: BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS; THEREFORE ISSUANCE IS RESTRICTED. A PHOTOCOPY OF A VALID PHOTO ID MUST ACCOMPANY THE APPLICATION WHEN RETURNING BY MAIL OR EMAIL. See **Section 181.28 of the Texas Administrative Code** for a complete list of acceptable forms of identification. You also can see VSS's page on acceptable --> identification.



FAILURE TO PROVIDE REQUIRED INFORMATION MAY CAUSE YOUR REQUEST TO BE REJECTED.

NOTARIZED PROOF OF IDENTIFICATION

Please complete this form if applying for certified copy of birth or death certificate by mail OR email

| | | | |
|--|--|-----------------------|-----|
| 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. | |
| QUALIFIED APPLICANT NAME (IF NOT SELF) | RELATIONSHIP TO PERSON ON VITAL RECORD |
| | |

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) |
| (Zip Code) | | | |
| who is related to the person named on Part I as _____ and who on oath deposes and | | | |
| (Relationship) | | | |
| says that the contents of this affidavit are true and correct. | | | |
| Signature of Affiant _____ | | | |
| Sworn to and subscribed before me, this _____ day of _____ 20____. | | | |

(Seal)

| |
|---|
| Signature of Notary Public |
| Commission Expires |
| Type or Printed Name |
| TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |

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 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:

**by USPS:
JEFFERSON COUNTY CLERK
PO BOX 1151
BEAUMONT, TX 77704**

**By FEDEX, LoneStar, or UPS:
JEFFERSON COUNTY CLERK
1085 PEARL STREET, FIRST FLOOR
BEAUMONT, TX 77701**

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