

APPLICATION FOR BIRTH OR DEATH RECORD

BIRTH
REQUESTED _____ CERTIFIED COPIES X \$23.00

DEATH
REQUEST _____ CERTIFIED COPIES X \$21.00 EXTRA COPIES OF _____ SAME RECORD X \$ 4.00

PLEASE PRINT

1. Full Name of Person on Record _____
FIRST NAME MIDDLE NAME LAST NAME

2. Date of Birth or Death _____
MONTH DAY YEAR

3. Place of Birth or Death _____
CITY COUNTY STATE

4. Full Name of Father _____
FIRST NAME MIDDLE NAME LAST NAME

5. Full Maiden Name of Mother _____
FIRST NAME MIDDLE NAME MAIDEN NAME

6. Your Name: _____ 7. Telephone #: _____
(Mon. - Fri. 8:00-5:00)

8. Mailing Address: _____
Street Address or P.O. Box City State Zip

9. Relationship to Person Named in Item 1: _____

10. Purpose for Obtaining this Record: _____

11. Additional Identifying Information for DEATH Certificate:
Social Security Number of Deceased _____
Birthdate: _____ Birth Place: _____

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.

CASHIER'S CHECK OR MONEY ORDER ONLY - NO CHECKS or CREDIT CARDS

Copy of Valid Driver License or Picture I.D. Required

For any search of the files where a record is not found, the search fee is non-refundable or transferable.

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 \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)
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Signature _____ Date of Application _____

OFFICE USE ONLY	
Certificate No. _____	Control No. _____

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)	
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 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:

WINKLER COUNTY CLERK
P. O. BOX 1007
KERMIT, TX 79745

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