

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

of copies requested

_____ certified copies X \$23.00 = \$ _____

DEATH

of copies requested

_____ certified copy X \$21.00 = \$ _____

_____ additional copies X \$4.00 = \$ _____

TOTAL ENCLOSED \$ _____

TOTAL ENCLOSED \$ _____

IN ORDER TO GET THIS CERTIFICATE, YOU MUST BE AN IMMEDIATE FAMILY MEMBER (FATHER, MOTHER, GRANDFATHER, GRANDMOTHER, BROTHER, SISTER, HUSBAND, OR WIFE) BY BLOOD, MARRIAGE OR ADOPTION; GUARDIAN; LEGAL AGENT OR REPRESENTATIVE; LOCAL, STATE AND FEDERAL LAW ENFORCEMENT OR GOVERNMENTAL AGENCIES DEMONSTRATING A DIRECT AND TANGIBLE INTEREST IN THE RECORD. A GRANDCHILD IS NOT A QUALIFIED APPLICANT.

1 Full Name on Birth/Death Certificate: _____

2 Date of Birth: _____ 3 Date of Death: _____ 4 Sex: _____

5 Father's Full Name If on Birth/Death Certificate: _____

6 Mother's Full Name (Maiden name): _____

7 Childs County of Birth: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON 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)

8 Print your name: _____

9 Your signature: _____

10 How are you related to the person on the Birth/Death certificate? (circle one):
Must be related by blood or marriage.
SELF / SPOUSE / PARENT (STEP) / GRANDPARENT (STEP) / CHILD (STEP) / SIBLING (STEP) / GOVERNMENT AGENCY _____

11 Reason for this certificate copy: _____

12 Address: _____ 13 City / ZipCode: _____

***** PLEASE PRESENT YOUR VALID DRIVER'S LICENSE OR IDENTIFICATION CARD *****

***** For County Clerk Office Use Only *****

Identification # _____ Phone # _____ Certificate # _____

Date Issued _____ Receipt # _____ Deputy _____

FOR APPLICATIONS THAT ARE SENT BY MAIL:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

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

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
(name)

now residing at _____
(Address) (City) (State)

Who is related to the person named in Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____
(Signature of Applicant)

Sworn to and subscribed before me, this _____ day of _____, 20__.

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State, 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**UPSHUR COUNTY CLERK
VITAL RECORDS
P. O. BOX 730
GILMER, TEXAS 75644**

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