For Office Use Only		
Birth or Death #	Control #	

APPLICATION FOR CERTIFIED BIRTH OR DEATH RECORD

		BIRTH # Requested X \$23 DEATH # Requested X \$21		Evtra Co	nies of Ne	ath Record #	V ŠA OO	
		I wish to make a voluntary of Texas Home visiting Program	ontribution of	\$5 to pr	omote he	althy early chi		
	1.	Full Name of Person on Reco	***************************************		-	Middle		
			First			Middle	Last	
	2.	Date of Birth or Death		3. Sex_				
	4.	Place of Birth or Death						
	78.2	. 1000 VI VII VI VCUIII	City		•	***************************************	County	
	* ~						8	
	Э.	Full Name of Father		·····	Middle		Last	
	£ .	Full Maiden Name of Mother	,					
	0.	ruii Maiden Name oi Mourei	First			Middle	Last	······································
App	olicar	nt's Name:			Applicar	t's Telephone		
Apr	olicar	nt's Mailing Address:						
* *			Street/PO Box			City	State	Zip
Rela	ation	ship to Person on Record:		······				
Pur	pose	for Obtaining this Record:		***************************************				
WA	RNIN	G: THE PENALTY FOR MAKING A \$10,000.00. (H	FALSE STATEME IEALTH & SAFET					A FINE UP TO
*********		APPLICANT'S SIGNATURE			DATE		ID TYPE & N	UMBER

BIRTH RECORDS ARE CONFIDENTIAL FOR SEVENTY-FIVE (75) YEARS AND DEATH RECORDS ARE CONFIDENTIAL FOR TWENTY-FIVE (25) YEARS; THEREFORE ISSUANCE IS RESTRICTED TO IMMEDIATE FAMILY MEMBERS.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON

DATE OF BIRTH/DEATH

BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD

ACE OF BIRTH/DEATH (City or County)	SEX
LL NAME OF PARENT 1	FULL NAME OF PARENT 2
RT II. ENTER RELATIONSHIP TO PERSON ON RECO	ORD 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
ART III. THIS SECTION MUST BE SIGNED IN THE PR	ESENCE OF A NOTARY PUBLIC.
STATE OF	
OUNTY OF	
efore me on this day appeared	(Name)
ow residing at(Address)	
ho is related to the person named on Part I as	(City) (State) and who on oath deposes
ays that the contents of this affidavit are true and correct.	ionsnip)
	Signature
worn to and subscribed before me, this day of	, 20
	Signature of Notary Public
	Commission Expires
(Seal)	Typed or Printed Name
	Typed of Filling Teams
	Street Address
	Street, Address
	City, State and Zip

Edna, Texas 77957
(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Jackson County Clerk
115 W. Main St. Room 101

A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Sec. 191.0031. CERTIFIED COPIES BY MAIL. The state registrar or a local registrar may not issue a certified copy of a record under this chapter to a person who has applied for the record by mail unless the person has provided notarized proof of identity in accordance with rules adopted by the executive commissioner of the Health and Human Services Commission. The rules may require the issuer of the certified copy to verify the notarization using the records of the secretary of state under Section 406.012, Government Code.

Added by Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 5.01, eff. September 1, 2015.