

JOYCE HUDMAN, COUNTY CLERK

237 E. LOCUST, SUITE 102

ANGLETON, TEXAS 77515

Application For Certified Copy of BIRTH or DEATH Certificate

BIRTH	
# REQUESTED	
_____ CERTIFIED COPIES \$23.00 ea. = _____	
_____ LETTER OF VERIFICATION \$5.00 = _____	
TOTAL = _____	
WE DO NOT ISSUE WALLET SIZE	

DEATH	
# REQUESTED	
_____ 1ST CERTIFIED COPY \$21.00 = _____	
_____ ADDITIONAL COPIES \$4.00 ea. = _____	
_____ LETTER OF VERIFICATION \$5.00 = _____	
TOTAL = _____	

IF MAILING INCLUDE COPY OF VALID ID

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year Sex
3. Place of Birth or Death	City	County	State TEXAS
4. Full Name of Parent 1	First Name	Middle Name	Last Name/Maiden Name
5. Full Name of Parent 2	First Name	Middle Name	Last Name/Maiden Name

6. Applicant's Name: _____ 7. Telephone #: _____

8. Mailing Address: _____
Street Address City State Zip

9. Relationship to Person Named in Item 1: _____

10. Purpose for Obtaining this Record: _____

Signature of Applicant

Date

DL / ID Number Exp Year

ID Verified by Clerk

Acceptable Methods of Payment - Cash, Money Order / Cashiers Check, Credit Card

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)

*** Office Use Only**

Receipt # _____

Control # _____

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 1 as _____ and who on oath deposes and (Relationship)						
says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20 _____.						
<i>(Seal)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 5px;">Signature of Notary Public</td></tr> <tr><td style="text-align: center; padding: 5px;">Commission Expires</td></tr> <tr><td style="text-align: center; padding: 5px;">Typed or Printed Name</td></tr> <tr><td style="text-align: center; padding: 5px;">Street Address</td></tr> <tr><td style="text-align: center; padding: 5px;">City, State and Zip</td></tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
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:
Brazoria County Clerk
Vital Records Department
237 East Locust, Suite 102
Angleton, TX 77515

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