

979-732-2155(Office)

KIMBERLY MENKE, COUNTY CLERK
318 SPRING STREET, SUITE 103
COLUMBUS, TX. 78934

979-732-8852(Fax)

Application for Certified Copy of Birth or Death Certificate

BIRTH

DEATH

Requested

Requested

_____ Certified Copies @ \$23.00= _____

_____ Certified Copies @ \$21.00= _____

Total= _____

_____ Additional Copies @ \$4.00= _____

Total= _____

(SEARCH FEE IS NOT REFUNDABLE TAC 25 CHAPTER 181)

MUST INCLUDE PHOTO COPY OF IDENTIFICATION IF REQUESTING BY MAIL

PLEASE PRINT

1. Full Name of Person on Record: _____
First Middle Last Name

2. Date of Birth or Death: _____ 3. Sex: _____
Month Day Year Male Female

4. Place of Birth or Death: _____ **COLORADO** **TEXAS**
City County State

5. Full Name of Father: _____
First Name Middle Name Last Name

6. Full Maiden Name of Mother: _____
First Name Middle Name Maiden Name

7. Applicant's Name: _____ 8. Telephone #: _____

9. Mailing Address: _____
Street Address City State Zip

10. Relationship to Person Named in Item 1: _____

11. Purpose for Obtaining this Record: _____

12. Additional Identifying Information for DEATH Certificates: Birthdate: _____ Birth Place: _____

Signature of Applicant

Date of Application

Identification Type and Number

Do you wish to make a voluntary contribution of \$5 to promote healthy early childhood administered by the Office of Early Childhood Coordination of the Health and Human Services Commission?

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICATIONS WITHOUT THE NOTARIZED PROOF OF IDENTIFICATION FORM (page 2) 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

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:

Kimberly Menke, County Clerk
 318 Spring Street, Suite 103
 Columbus, Texas 78934

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