

Janette K Green  
Palo Pinto County Clerk



**APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE**

**NO PERSONAL CHECKS ACCEPTED FOR VITAL RECORDS**

**\*\*You must present valid ID at the time of purchase\*\***

**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 \$10,000.00 (Health and Safety Code 195.00)

**OFFICE USE ONLY**

Certificate \_\_\_\_\_

Date \_\_\_\_\_

Clerk \_\_\_\_\_

Birth Certificate \$23

Number of copies requested (\_\_\_\_\_)

Death Certificate \$21

Additional copies \$4

Number of copies requested (\_\_\_\_\_)

Full Name on Record (First)	(Middle)	Last/Maiden if applicable	
Date of Birth/Death:	Place of Birth/Death, (City, County)		Sex:
Name of Parent 1: (First)	(Middle)	Last/Maiden if applicable	
Name of Parent 2: (First)	(Middle)	Last/Maiden if applicable	

**Applicant's Information**

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Above (Spouse, Sibling, Parent, Child, Self) \_\_\_\_\_

Reason for Request: ☐Travel/Passport ☐Records ☐School ☐Insurance ☐Other \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Today's Date \_\_\_\_\_

**\*By signing here, the applicant acknowledges understanding of and compliance with the statute cited above AND agrees to pay the search fee in the event no vital record is found.**

☐ *I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood.*

*NOTICE: Applicant must be qualified to obtain the birth/death record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative.*

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID 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 in Part I as _____ and who on oath deposes (relationship)		
And says that the contents of this affidavit are true and correct.		
Applicant's Signature _____		
Sworn to and subscribed before me _____ day of _____, 20____,		

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name

**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 SAFTY CODE, CHAPTER 195, SEC. 195.003)**

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

**PALO PINTO COUNTY CLERK  
PO BOX 219  
PALO PINTO, TX 76484**