

Office Use Only

Cert. # _____

Document Control # _____

By _____



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Remit No. _____

By _____

Application for Birth or Death Record

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of Copies	Total
Certified Copy	\$23		\$
Protective Cover			
Short Form	\$ 4		\$
Long Form	\$ 3		\$
Total			\$

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of Copies	Total
Certified Copy (1 copy)	\$21		\$
Additional Copies	\$ 4		
Protective Cover	\$ 3		
Total			\$

1. Full Name of Person on Record	First Name _____	Middle Name _____	Last Name _____
2. Date of Birth or Death	Month _____	Day _____	Year _____
3. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
4. Place of Birth or Death	City or Town _____	County _____	State _____
5. Full Name of Father	First Name _____	Middle Name _____	Last Name _____
6. Full Name of Mother	First Name _____	Middle Name _____	Maiden Name _____

7. Your Name _____ 8. Telephone # _____
(Mon-Fri 8:00 – 5:00)
 Email address _____

9. Mailing Address _____
Street Address City State Zip

10. Relationship to person named in Item 1 _____ 11. Purpose for obtaining this record _____

12. Will this record be used to obtain a passport for immigration or for the Indian Registry: Yes No

13. Additional information for Death Certificate: Birthdate _____ Birthplace _____

I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

Name _____ Street Address _____
 City _____ State _____ Zip _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Your Signature _____ Date of Application _____

Mail this application, payment (made payable to City of Carthage) and a photocopy of your valid photo id to:
 City of Carthage
 Dana Clark, Local Registrar
 P.O. Box 400
 Carthage, TX 75633

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

Warning: The penalty for knowingly making a false statement on this form is 2-10 years imprisonment and a fine of up to \$10,000. (Health and Safety Code, Chapter 195, Sec. 195.003)

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This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

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 _____ 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 _____.

(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:

City of Carthage
P O Box 400
Carthage, TX 75633

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