

Office Use Only

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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.

Birth Certificates

Type	Cost X	# of Copies	Total
Certified Copy	\$23		\$
Protective Cover			
Short Form	\$ 2		\$
Long Form	\$ 3		\$
		<b>Total</b>	\$

Death Certificates

Type	Cost X	# of Copies	Total
Certified Copy (1 copy)	\$21		\$
Additional Copies	\$ 4		
Protective Cover	\$ 3		
		<b>Total</b>	\$

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 and a photocopy of your valid photo id to:

Dana Clark  
Local Registrar  
P.O. Box 400  
Carthage, TX 75633

**APPLICATIONS WITHOUT PHOTO ID AND THE ATTACHED SWORN STATEMENT 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)

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH &amp; (57, ), &amp; \$7(</b>			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF FATHER		FULL NAME OF MOTHER	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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 _____.	
<i>(Seal)</i>	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:**

Dana Clark, Local Registrar  
City of Carthage  
P.O. Box 400  
Carthage, TX 75633

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