

CRANE COUNTY & DISTRICT CLERK
PO BOX 578
CRANE, TX 79731

PLEASE INCLUDE A COPY OF YOUR I.D.

Please Print (*Imprima por favor*) This section is about person completing application

Application for Certificate
 Aplicacion para Certificado
 Bureau of Vital Statistics

INSTRUCTIONS

- Read all instructions carefully before completing application. *Lea todas las instrucciones con cuidado antes de llenar esta forma.*
- If any part of the application is left blank, it will be returned. *Si alguna parte de la aplicaci3n se deja blanco, ser3 regresado.*
- Ensure Eligibility – see back of this application. *Asegure la elegibilidad – Lea la pagina opuesta*
- State law requires that any time a search for a certificate is conducted and it is not found a "SEARCH FEE" equal to the certificate fee will be charged. Search fees are not refundable or transferable. *La ley estatal requiere que cuando se busca un certificado y no se encuentra, se cobra un "cargo de busqueda", igual a el costo de certificado. El cargo no es regresado ni transferible.*

Signature indicates you have read and accept this form		
Your Name (Su Nombre Completo)		
Mailing Address (Domicilio)		
City (Ciudad)	State (Estado)	Zip Code (Zona postal)
Reason Certificate Required (Razon para obtener el certificado)		
State your relationship to person named on certificate (Relacion con la persona nombrada en el certificado)		
Your Signature (Firma) X	Date Signed (Fecha)	

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

BIRTH (NACIMIENTO) This section should match exactly with the information on your birth certificate.

Last Name (Apellido)		First Name (Primer Nombre)	Middle Name (Segundo Nombre)	Sex (Sexo) <input type="checkbox"/> M <input type="checkbox"/> F	Quantity Full Size (Tama1o Completo) \$23.00
Date of Birth (Fecha de nacimiento)	City of Birth (Ciudad de nacimiento)	County of Birth (Pais de nacimiento)			
Father Last Name (Apellido de padre)		First Name (Primer)	Middle Name (Segundo)		
Mother Maiden Name (Apellido de madre soltera)		First Name (Primer)	Middle Name (Segundo)		

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

Yo autorizo correo a la lugar de mi direcci3n de correo. He comprobado que la direcci3n va a recibir mi pedido. _____

DEATH (DEFUNCION)

Last Name of Deceased (Apellido del difunto)		First Name (Primer Nombre)	Middle Name (Segundo Nombre)	Sex (Sexo) <input type="checkbox"/> M <input type="checkbox"/> F	Quantity Certified Copy (Copia Certificada) \$21.00
Date of Death (Fecha de defuncion)	Place of Death (Lugar donde fallecio)		Marital Status <input type="checkbox"/> Single/ Soltero(a) <input type="checkbox"/> Married/ Casado(a) <input type="checkbox"/> Widow/ Viudo(a) <input type="checkbox"/> Divorced/ Divorciado(a)		Extra Copy (Copia Extra) \$ 4.00
Last Name of Father (Apellido de padre)		First Name (Primer)	Middle Name (Segundo)		
Maiden Name of Mother (Apellido de madre soltera)		First Name (Primer)	Middle Name (Segundo)		

OFFICE USE ONLY (SOLAMENTE PARA LA OFICINA)

Clerk/Deputy	Cash/Credit
TDL(Other ID)	Receipt #
Birth Certificate Number(s)	Death Certificates Number(s)

WARNING: The penalty for knowingly making false statement on this form is a third degree felony and may be punishable with up to 2-10 years in prison and a fine of up to 10,000 (Health and Safety Code of Texas, Chapter 195, Sec. 195.003)

AVISO: La multa por proporcionar una declaracion falsa en este formulario es una felonias de tercer grado y tiene como castigo una sentencia de prision de 2 a 10 anos y una multa hasta \$10,000.00 (Codigo de Seguridad y salud de Texas, Capitulo 195, Sec. 195.003)

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:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

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