

**READ CAREFULLY BEFORE YOU**  
**REQUEST A BIRTH/DEATH**  
**CERTIFICATE BY MAIL**

IF YOU REQUEST A BIRTH/DEATH CERTIFICATE BE MAILED TO YOU, THE CASS COUNTY CLERK'S OFFICE IS **NOT** RESPONSIBLE FOR ANY DAMAGE (INCLUDING WATER DAMAGE FROM THE WEATHER) TO THE ENVELOPE OR THE RECORD BY THE POST OFFICE OR CARRIER.

**WE ARE NOT RESPONSIBLE IF THE RECORD DOES NOT REACH YOU IN A TIMELY MANNER.**

WE MAIL THE RECORD THE SAME DAY WE RECEIVE YOUR REQUEST. IF IT DOES NOT REACH YOU IN A TIMELY MANNER OR THE ENVELOPE/RECORD IS DAMAGED, YOU MUST CONTACT THE POST OFFICE OR CARRIER. **WE WILL NOT MAIL ANOTHER RECORD UNLESS YOU SUBMIT A NEW APPLICATION AND PAYMENT.**

WE STRONGLY SUGGEST YOU PRE-PAY TO HAVE THE RECORD SENT TO YOU BY PRIORITY MAIL OR COMMON CARRIER (UPS, FED EX, ETC) SO THAT YOU CAN TRACK THE MAILING.



**Amy L. Varnell  
Cass County Clerk**

Post Office Box 449 • 100 E. Houston Street • Linden, Texas 75563  
Telephone (903) 756-5071 • Facsimile (903) 756-8057

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

BIRTH \$23.00 \_\_\_\_\_ DEATH \$21.00/\$4.00 ADDITIONAL \_\_\_\_\_  
NUMBER REQUESTED NUMBER REQUESTED

**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 & Safety Code 195.003)

**Please Print:**

1. Full Name on Record: (first, middle, last) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_
3. Place of Birth or Death: (City, County) \_\_\_\_\_
4. Father's Full Name: \_\_\_\_\_
5. Mother's Full Maiden Name: (Her given name at time of her Birth) \_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name: \_\_\_\_\_
7. Applicant's Mailing Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_ 9. Email Address \_\_\_\_\_
10. Applicant's Relationship to Person Named in #1: \_\_\_\_\_
11. Purpose for Obtaining Record: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

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

**For applications that are sent by mail:  
The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.**

## 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 CERTIFICATE</b>			
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	
<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 in Part I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20____.	
(Please place notary stamp in space below)	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

**WARNING: IT 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:

**Cass County Clerk  
P.O. Box 449  
Linden, TX 75563**

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