

CASS COUNTY CLERK OFFICE
P. O. BOX 449
LINDEN, TEXAS 75563
903-756-5071

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH <input type="checkbox"/>
REQUESTED _____
_____ CERTIFIED COPY x \$23.00 = \$ _____
_____ WALLET SIZE x \$23.00 = \$ _____
_____ HEIRLOOM x \$23.00 = \$ _____
_____ <input type="checkbox"/> FLAG <input type="checkbox"/> STATE OUTLINE
TOTAL ENCLOSED = \$ _____

DEATH <input type="checkbox"/>
REQUESTED _____
_____ CERTIFIED COPY x \$21.00 = \$ _____
EXTRA COPIES OF SAME RECORD x \$ 4.00 = \$ _____
TOTAL ENCLOSED = \$ _____

1. Full name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
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. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE.
 SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____ BIRTH PLACE, ETC. _____

8. APPLICANT'S NAME: _____ 9. TELEPHONE #: () _____

10. MAILING ADDRESS: _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

12. PURPOSE FOR OBTAINING THE RECORD _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 186, SEC. 186.003)

 SIGNATURE OF APPLICANT

 DATE

IDENTIFICATION TYPE _____
 ATTACH PHOTO COPY Driver License, I.O. Card, ETC

NUMBER _____
 on Driver License, I.O. Card, ETC

Fees are subject to change without notice (call Cass County Clerk office at 903-756-5071 for verifications). Birth Records are confidential for 50 years and death records for 25 years; therefore, issuance is restricted. Please attach a photograph of ID to application. Administrative rules require that on restricted records, all identifying information (items 1-3), relationship (item 8), and purpose (item 12) be provided in order to issue the record.