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DOCUMENT CONTROL #

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By_

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: Coleman County Clerk For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				
Туре	Cost X	# of copies=	Total	Туре
Certified Copy	\$23			Certified Copy (1 copy)
			-	Additional Copies
		Total		

Death Certificates				
Туре	Cost X	# of copies=	Total	
Certified Copy (1 copy)	\$21			
Additional Copies	\$4			
	<u>.</u>			
		Total		

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home

Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth/Death	Month	Day Year		Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

REQUESTOR INFORMATION

Requestor Name		Telephone #		Email Address	
Full Mailing Address	Street Address	City	State	Zip	
Relationship to person liste	ed above	Purpose f	or obtaining this	record:	

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

Name of Person Receiving Copies, if Different from Requestor				
Mailing Address for Copies, if Different from Requestor				
City State 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)

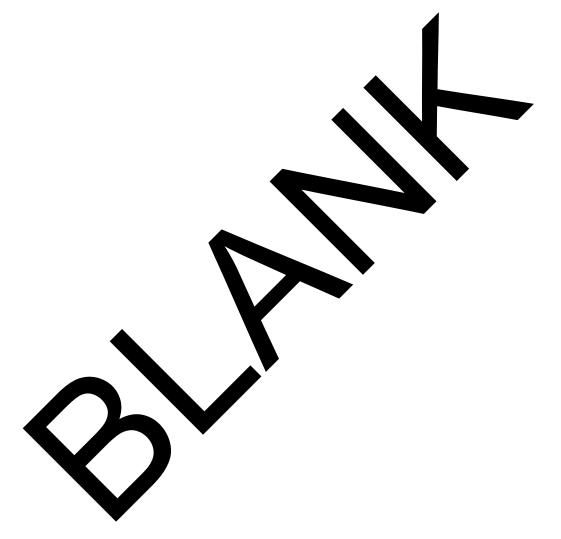
Your Signature

Date of Application

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Coleman County Clerk 100 W. Liveoak Street, Suite 105 Coleman, TX 76834

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



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 SIG	NED IN THE PRESEN	CE OF A NOTARY	PUBLIC.	
STATE OF				
COUNTY OF				
Before me on this day appeared		(Name)		
now residing at				,
() who is related to the person named on Part I as	s	(City)	(State)	and who on oath deposes and
says that the contents of this affidavit are true a	(Relationship)		
	Signat	ure		
Sworn to and subscribed before me, this	day of	, 20		
			Signature of Notary Pu	ublic
			Commission Expire	25
(Seal)	_		Typed or Printed Nar	mo
			Typed of Filmed War	iie
			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:

Coleman County Clerk 100 W. Liveoak Street, Suite 105 Coleman, TX 76834

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