

OFFICE USE ONLY

Cert #

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: Young County Clerk For any search of the files where a record is not found, the searching fee is not refundable or transferable.

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 listed above		Purpose for 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:

Kay Hardin, Young County Clerk

516 4th Street

Room

ROOM 104
Graham, TX 76450

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

LEGIBLE PICTURE ID OR DRIVER'S LICENSE

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 1 as _____ and who on oath deposes and

says the contents of this affidavit are true and correct.

Signature

Sworn to and subscribed before me, this _____ day of _____, 20_____.
[Signature]

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Kay Hardin, Young County Clerk
516 4th Street
Room 104
Graham, TX 76450

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