

Application for certified copy of BIRTH or DEATH Certificate



Mark Staples
County Clerk
Anderson County Courts Building
500 North Church, Room 10
Palestine, TX 75801

NO PERSONAL CHECKS AS OF 1-1-2020

ACCEPTABLE FORM OF PAYMENT: CASH, MONEY ORDER, OR CREDIT/DEBT.

PHOTOCOPY OF ID MUST BE SENT IF SUBMITTING APPLICATION BY MAIL OR SUBMITTING IN PERSON.

Phone: 903-723-7402

INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL:

"NOTARIZED AFFIDAVIT of IDENTITY", a photo copy of valid ID, and appropriate payment form

Must be included. All forms can be found at:

www.co.anderson.tx.us/page/andersonCountyClerk

<p><u>BIRTH</u></p> <p># OF CERTIFIED COPIES X\$23.00 (each)= _____</p>	<p>Office use only</p> <p>CERTIFICATE # _____</p> <p><i>Espanol en la pagina siguiente</i></p>
<p><u>DEATH</u></p> <p>FIRST CERTIFIED COPY: \$21.00</p> <p># OF ADDITIONAL COPIES OF SAME RECORD X \$4.00 = \$ _____</p> <p>TOTAL ENCLOSED \$ _____</p>	<p>Type of ID _____</p> <p>DOB ___/___/___</p> <p>Vol / Pg ___/___</p>

Full birth Name of (Person on Record)		
First	Middle	Last (Maiden)
Date of Birth or Death / /		Sex : Male or Female
Place of Birth / Death City or Town :		County :
Full Birth Name of Parent 1		
First	Middle	Last (Maiden)
Full Birth Name of Parent 2		
First	Middle	Last (Maiden)
Applicants Name: First		
	Middle	Last
Daytime Phone: () -		Mailing Address:
Relationship to person on Birth or Death Application.		Purpose for Obtaining this Record:

Warning: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OF 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)

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 the Health and Human Services.

SIGNATURE OF APPLICANT _____

DATE: ___/___/___

NOTORIZED 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 (Relationship)	
says that the contents of this affidavit signed by me and that the statements are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	
<i>(Personalized Seal)</i>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Anderson County Clerk
 500 North Church St Room 10
 Palestine, Texas 75801

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