



116 South Charlton Street Woodville, Texas 75979 (409) 283-2281

Birth/Death Certificate Application By Mail

Office Use

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

	Birth Certificates		PLEASE PRINT	Death Certificates				
	# Requested	Amount		# Requested	Amount			
	# Certificates	\$23.00 each		Cert	\$21.00			
	D SANDONES (MODULES OF	With Business Comments		Extra	\$4.00			
	Total	BIDTH/DEV	TH RECORD INFORM	Total AATION				
1	Fier		Middle Name		1. access			
	First		Middle Name	Last Name				
2	(circle one) Birth Date or Death Date			Please Circle One				
				Male or Female				
	/ /							
		PLA	CE OF BIRTH OR DE	ATH				
3	Cit		County	State	Zip			
					·			
	FATHER							
4	Firs	st	Middle Name	Last Name				
_								
			MOTHER					
5	Firs	+	Middle Name	Maiden Name				
	riis		Middle Name	ivialden Name				
-			ESTOR INFORMATIO		11			
6	Your N	ame	Phone#	Email Address				
7	Mailing A	ddress	City	State	Zip			
			100 A 200 PM 200 PM					
8	Relationship to specific	ad parcap requested	Durn	Dumaga fan abtaining this yeard				
	Relationship to specific	ed person requested	Purpose for obtaining this record					
			at the state of th	2420000				
	re subjet to change without noti records for 25 years; therefore,							
	nship (item 8), and purpose (iter			estricted records, an identitying	, mormation (item 1-7),			
	ING: IT IS A FELONY TO FALSIF							
	R SIGNING A FORM WHICH CON 'ER 195, SEC 195.003)	ITAINS A PALSE STATEMENT I	2 5-10 LEWRS INSKIPPINMENT	AND A FINE OF UP 10 \$10,000.	(HEALTH AND SAFETY CODE,			
	ICATIONS WITHOUT SIGN	IATURE OF APPLICANT,	PHOTO ID AND THE ATT	TACHED SWORN STATEM	IENT WILL NOT BE			
	CESSED.							
Signa	ature			Date				
3	· »		ATTENDED SOME SOME SOME SOME SOME SOME SOME SOME					
	Revised 9/01/15		Page 1 of 2					

NOTARIZED PROOF OF IDENTIFICATION

Part 1. Enter name, date and place of birth/death, a	nd names of parents as	information appears on	birth/death certifcate				
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 2. Enter relationship to person on record and th	e typer of ID used.						
Name and relationship to person on record	Type and number of II	D accepted when notarize	ed .				
AFFIDAVIT	OF PERSONAL KNO	WLEDGE					
Part 3. This section must be signed in the presence o	Part 3. This section must be signed in the presence of a notary public.						
State of							
County of							
Before me on this day appeared	(Name)		<u></u>				
now residing at							
(Address)	(City)	(State)					
who is related to the person named on Part 1	as	n en					
	(Relationship)						
and who on oath deposes and says that the contents of	of this affidavit are true	and correct.					
	Signature						
Sworn to and subscribed before me, thisday o	of	20					
Sworn to and subscribed before me, and	·	, 20					
		Signature of Notary Publ	ic				
		Commission Expires					
(Seal)		Typed or Printed Name	į.				
		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 2-10 YEARS INPRISONMENT 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:

Tyler County Clerk 116 South Charlton Street Woodville, Texas 75979

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT, PHOTO ID AND THE ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED.