

**SHERRY DOWD**  
 Navarro County Clerk  
 P.O. Box 423, 300 W. Third, Suite #101  
 Corsicana, Texas 75110  
 Tel: (903) 654-3035  
 Fax:(903) 872-7329

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**  
*(Aplicacion para registro de nacimiento)*

<p style="text-align: center;"><b>Birth Certificate</b></p> <p># Requested @ \$23.00</p> <p>Birth Form # _____ State Form # _____</p> <p>Vol _____ Page _____ Registrar # _____</p> <p>Deputy _____</p>	<p style="text-align: center;"><b>Death Certificate</b></p> <p>First Copy @ \$21.00 Additional @ \$4.00</p> <p>Birth Form # _____ State Form # _____</p> <p>Vol _____ Page _____ Registrar # _____</p> <p>Deputy _____</p>
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**PLEASE PRINT**

1. Full Name of Person on Record (Nombre registrado) ⇒	First Name (Primero)	Middle Name (Segundo)	Last Name (Apellido)
2. Date of Birth/Death (Fecha De Nacimiento/ fallecimiento) ⇒	Month (Mes)	Day (Dia)	Year (Año)
3. Place of Birth/Death (Lugar De Nacimiento/ fallecimiento) ⇒	City or Town(Ciudad)	County(Cdo)	State(Estado)
4. Full Name of Father (Nombre del Padre) ⇒	First Name (Primero)	Middle Name (Segundo)	Last Name (Apellido)
5. Full <b>MAIDEN</b> Name of Mother (Nombre de la Madre) ⇒	First Name (Primero)	Middle Name (Segundo)	<b>Maiden Name</b> (Apellido <b>de soltera</b> )

6. Applicant's Name (Su nombre) \_\_\_\_\_ 7. Telephone# ( ) \_\_\_\_\_  
 (No. de Telefono)

8. Mailing Address (Direccion) \_\_\_\_\_  
 Street Address(No. Calle) \_\_\_\_\_ City (Ciudad) \_\_\_\_\_ State(Estado) \_\_\_\_\_ Zip (Codigo) \_\_\_\_\_

9. Relationship to Person on Certificate (Su relacion a la persona registrada) \_\_\_\_\_

10. Purpose for Obtaining This Certificate (Su proposito para obtener el registro) \_\_\_\_\_

Signature of Applicant (Su Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

Identification Type and Number \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 1-10 YEARS IN PRISON AND A FINE UP TO \$10,000 (HEALTH & SAFETY CODE CHAP. 67B, SEC. 195.003)**  
**ADVERTENCIA: LA PENA POR HACER ALGUNA FALSA DECLARACION EN ESTA FORMA PUEDE SER DE 1-10 AÑOS EN PRISION Y UNA MULTA HASTA \$10,000. EN ACUERDO CON CODIGO DE SALUD Y SEGURIDAD, CAPITULO 67B, SECCION 195.003.**

## 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 I as \_\_\_\_\_ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public

*(Seal)*

Commission Expires
Typed or Printed Name
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:

**Sherry Dowd Navarro County Clerk  
PO Box 423  
Corsicana, TX 75151**

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