OFFICE USE ONLY
Vol. _____ Page _____
By: _____

CAROLINA A. CATAÑO

Presidio County/District Clerk

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

Birth Certificates			
Type	Cost X	# of Copies	Total
Certified Copy	$23.00		
		Total	

Death Certificates			
Type	Cost X	# of Copies	Total
Certified Copy (1 copy)	$21.00		
Additional Copies	$4.00		
		Total	

BIRTH/DEATH RECORD INFORMATION

1. Full Name of person/ Nombre de persona	First Name/Primer Nombre	Middle Name/Segundo Nombre	Last Name/Apellido
2. Date of Birth or Death/ Fecha de Nacimiento/Defuncion	Month/Mes	Day/Dia	Year/Año
3. Place of Birth or Death/ Lugar de Nacimiento/Defuncion	City or Town/Cuidad	County/Condado **Presidio**	State/Estado **Texas**
4. Full Name of Father/ Nombre del Padre	First Name/Primer Nombre	Middle Name/Segundo Nombre	Last Name/Apellido
5. Full Name of Mother/ Nombre de la Madre	First Name/Primer Nombre	Middle Name/Segundo Nombre	Last Name/Apellido

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 in this form can be 2-10 years in prison and fine of up to $10,000.00 (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature: _____ Date of Application: _____

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

Presidio County Clerk
P.O. Box 789
Marfa, Texas 79843

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

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 _____ and who on oath deposes and
(Relationship)
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
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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