



APPLICATION FOR BIRTH AND DEATH RECORD- MAIL IN

OFFICE USE ONLY

Serial Number _____

Processed By _____

ENTERED INTO SPREADSHEET

INSTRUCTIONS FOR FILLING OUT APPLICATION:

PLEASE PRINT. Make check or money orders payable to San Jacinto County Clerk. You **MUST** include valid identification in order for your request to be Processed. For a list of acceptable identification, please see the back of this form. IF MAILING IN an application, you **MUST** include a SWORN STATEMENT when sending in the request.

BIRTH CERTIFICATES

TYPE	COST X	# OF COPIES	TOTAL
Cert. Copy	\$23.00		\$
	GRAND	TOTAL	\$

DEATH CERTIFICATES

TYPE	COST X	# OF COPIES	TOTAL
Cert. Copy	\$21.00		\$
Add. Copies	\$4.00		\$
	GRAND	TOTAL	\$

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	FIRST	MIDDLE	LAST
Date of Birth/Death	MONTH	DAY/YEAR	SEX
Place of Birth/Death	CITY OR TOWN	COUNTY	STATE
Full Name of Parent 1	FIRST	MIDDLE	LAST
Full Name of Parent 2	FIRST	MIDDLE	LAST

REQUESTOR INFORMATION

Requestor Name	Telephone	Email address
Mailing Address	City	State
Relationship to person listed above	Purpose for Obtaining 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 _____ Phone _____

Mailing Address for Copies, if Different from Requestor _____ City _____ State _____ Zip Code _____

HEALTH AND SAFETY CODE 195.003 FALSE RECORDS

D) A person commits an offense if the person, for purposes of deception, intentionally or knowingly obtains, possesses, uses, sells, or furnishes, or attempts or directs another person to attempt to obtain, possess, use, sell or furnish a certificate, record, or report required under this title, if the document

- 1) is made, counterfeited, altered, amended, or mutilated without lawful authority and the intent to deceive;
- 2) is false in whole or in part;
- 3) relates to the birth of another individual

Your Signature

Date of Application

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.

Relationship to Person on Record	Type and Number of ID accepted when Notarized
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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 _____ now residing
NAME

at _____ who is related to the person
ADDRESS CITY STATE ZIP

on Part I as _____ and who on oath deposes and says that the content
RELATIONSHIP

of this affidavit are true and correct.

 SIGNATURE OF APPLICANT

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

(SEAL)

Signature of Notary Public
Typed or Printed Name
Commission Expires

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Mail this Sworn Statement, Application, Payment, and a Photo Copy of your valid identification to:
 1 State Highway 150, Room 2, Coldspring, Texas 77331

INCOMPLETE APPLICATIONS OR APPLICATIONS MISSING SWORN STATEMENT OR VALID ID WILL NOT BE PROCESSED.