

PAM THORP
 SUTTON COUNTY & DISTRICT CLERK
county.district_clerk@co.sutton.tx.us
www.co.sutton.tx.us
 P (325) 387-3815



For Office Use Only
 Certificate # _____

APPLICATION FOR SEARCH OR CERTIFIED COPY OF BIRTH OR DEATH RECORD BY MAIL

Birth Certificates		Death Certificates	
# REQUESTED		# REQUESTED	
_____ CERTIFIED COPIES	X \$23.00 _____	_____ CERTIFIED COPIES	X \$21.00 _____
_____ SEARCH	X \$10.00 _____	_____ EXTRA COPIES (same record)	X \$ 4.00 _____
	TOTAL = _____	_____ SEARCH	X \$10.00 _____
			TOTAL = _____

Birth records are confidential for 75 years and death records 25 years; therefore, issuance is restricted.

Administrative rules require that on restricted records, all identifying information must be provided in full in order to issue the record.

INFORMATION AS IT WOULD APPEAR ON THE RECORD

Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth or Death	Month	Day	Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth or Death	City or Town		County	State
Full Name of Father	First Name	Middle Name		Last Name
Full Name of Mother	First Name	Middle Name		Maiden Name
Social Security Number **DEATH ONLY**				

REQUESTOR INFORMATION

Requestor Name	Telephone Number	Email Address
Mailing Address	Street Address	City State Zip
Relationship To Person Listed Above	Purpose For Obtaining The 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: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

YOUR SIGNATURE: _____ DATE OF APPLICATION: _____

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

Sutton County Clerk
 300 E. OAK, SUITE 3
 SONORA, TX 76950

**** APPLICATIONS WITHOUT THE FOLLOWING ITEMS WILL NOT BE PROCESSED ****

- | | |
|--|--|
| <input type="checkbox"/> Fully Completed Application | <input type="checkbox"/> Notarized Proof of Identification |
| <input type="checkbox"/> Copy of you VALID Photo ID | <input type="checkbox"/> Payment |

NOTARIZED PROOF OF IDENTIFICATION

Part 1. Enter Information as it Would Appear on the Birth/Death Record.

Full Name of Person on Record		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth or Death		Place of Birth or Death	City or County
Full Name of Father		Full Name of Mother	

Part 2. Enter Relationship to Person on Record and the Type of ID Used.

Your Name		ID Type	
Relationship to Person on Record		ID Number	

AFFIDAVIT OF PERSONAL KNOWLEDGE

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)

now residing at _____
(Address) (City) (State) (Zip)

who is related to the person names on Part 1 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_____.

(SEAL)

Signature of Notary Public
Commission Expires
Printed Name
Street Address
City / State / Zip

PAM THORP

SUTTON COUNTY & DISTRICT CLERK
 300 E. OAK, SUITE 3
 SONORA, TX 76950



(325) 387-3815 - PH
www.co.sutton.tx.us
county.district_clerk@co.sutton.tx.us

CREDIT CARD PAYMENT FORM

Card Type... <i>select one</i> :	VISA Master Card Discover AmEx
Card Number:	
Security Code 3 Digit Number on Back of Card:	
Expiration Date:	
Full Name As Appears On Card:	
Billing Address:	
Billing Zip Code:	
Contact Phone Number or Email:	

**A convenience fee of 2.85% with a minimum of \$1.00 will be added to the total amount.
 This fee is retained by the credit card processing company.**

This form will be properly destroyed following the successful payment of the applicable fees.