



Rachel Lamb Geeslin, County Clerk/Local Registrar, Hamilton County
 102 N. Rice St • Suite 107 • Hamilton, TX 76531 • (254)-386-1203

countyclerk@hamiltoncountytexas.org • <https://www.co.hamilton.tx.us/page/hamilton.coclerk>

MAIL-IN APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH- NUMBER REQUESTED

_____ \$23.00 Short Form Abstract (All Texas Births)
 _____ \$23.00 Long Form (Hamilton County Births Only)

DEATH- NUMBER REQUESTED (Hamilton County Deaths Only)

_____ \$21.00 First Certified Copy
 _____ \$4.00 Each Additional Copy

Make check or money order payable to: Hamilton County Clerk.

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST.

1.Full Name of Person on Record	First	Middle	Last (Maiden/Suffix)	
2.Date of Birth/Death	Month	Day	Year	Sex
3.Place of Birth/Death	City or Town		County	Texas
4.Full Name of Parent 1	First	Middle	Last (Maiden/Suffix)	
5.Full Name of Parent 2	First	Middle	Last (Maiden/Suffix)	

6. Applicant's Name: _____ 8. Phone Number _____

7. Mailing Address: _____
 Street Address City State Zip

8. Relationship to Person on Record: _____ 9. Purpose for obtaining this record: _____

I authorize mailing to the address below. I have verified that the address below will receive my order and receipt.

Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	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)

 Signature of Applicant

 Date

**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND PHOTOCOPY OF YOUR VALID ID TO:
 RACHEL LAMB GEESLIN, HAMILTON COUNTY CLERK
 102 N. RICE ST.
 SUITE 107
 HAMILTON, TX 76531**

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

The in-person application is a different form and is available in the County Clerk's office and does not require notarization.

FOR OFFICE USE ONLY

Deputy _____ Certificate # _____ Type of ID _____ ID# _____

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_____	
(Seal)	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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