## **ELECTRONIC APPLICATION FOR BIRTH CERTIFICATE Hunt County Clerk** Each Certified Copy......\$23.00 Jennifer Lindenzweig Number Requested..... PO Box 1316 Greenville TX 75403 I wish to make a \$5.00 donation for the Texas Home Visiting Program for healthy 903-408-4130 early childhood Total Due.....\$\_\_\_\_ OFFICE USE ONLY Debit/credit Certificate NO. Paying by Debit/Credit Card, the information below is required **Issuing Deputy's initials:** \_\_\_\_ The reference number should be entered by you at time of payment. The Payment Confirmation is **Date Processed** issued after payment is complete Reference # E-Payment Confirmation #\_ (Please enter the letter E & Requestor's last name)

## **Please Print:**

Information Found on Birth Certificate

| Information Found on Birth Certificate |            |             |                  |  |  |
|--|------------|-------------|------------------|--|--|
| Full Name on Record:                   | First Name | Middle Name | Last Name        |  |  |
|  |            |             |                  |  |  |
| Date of Birth:                         | Month      | Day         | Full Year        |  |  |
|  |            |             |                  |  |  |
| Place of Birth:                        | City       | County      | State            |  |  |
|  |            |             |                  |  |  |
| Parent 1:                              | First Name | Middle Name | Maiden Last Name |  |  |
|  |            |             |                  |  |  |
| Parent 2:                              | First Name | Middle Name | Maiden Last Name |  |  |
|  |            |             |                  |  |  |

Information about Applicant

| Full Name of Applicant:                           | First Name      | Middle Name               | Last Name |  |  |
|---|-----------------|---------------------------|-----------|--|--|
|   |                 |                           |           |  |  |
| Address of Applicant                              | Mailing Address |                           |           |  |  |
|   |                 |                           |           |  |  |
|   | City            | State                     | Zip Code  |  |  |
|   |                 |                           |           |  |  |
| Applicant's Phone Number                          | r:              | Applicant's Email Address |           |  |  |
| Applicant's Relationship to person name on record |                 |                           |           |  |  |
| Purpose for Obtaining Rec                         | ord:            |                           |           |  |  |

<u>WARNING</u>: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

Signature of Applicant (COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date

## \*Debit/Credit Card Payment for Email Request\*

Process Payment Online at <a href="https://certifiedpayments.net">https://certifiedpayments.net</a>
Bureau Code-**6889951** 

Submit request by email to: countyclerk@huntcounty.net

\*If the County Clerk's Office does not receive the Application within 48 hours after the payment has been submitted, a refund will be processed (convenience fee excluded)

You must submit a copy of your current Driver's License or government issued ID