

**RUBY LESLEY, COMANCHE COUNTY CLERK
101 WEST CENTRAL AVENUE
COMANCHE, TEXAS 76442
(325)356-2655-PHONE
(325)356-5764-FAX**

BIRTH
\$23.00 Per Copy
_____ Copies

DEATH
_____ **\$21.00 1st Certified Copy**
_____ **\$4.00 Each Additional**

MAIL APPLICATION FOR BIRTH OR DEATH CERTIFICATE

BIRTH OR DEATH INFORMATION (PART 1)

Full Name on record: _____
First Middle Last

Date of Birth or Death: _____ County of Birth or Death _____

Parent #1 name: _____
First Middle Last(Maiden)

Parent #2 name: _____
First Middle Last(Maiden)

APPLICANT INFORMATION (PART 2)

Applicant's name: _____

Daytime Phone Number: _____ E-mail Address: _____

Applicant's Mailing Address: _____
Street City State Zip Code

Relationship to person named on Certificate: _____

Purpose for obtaining this Record: Check all that apply.

Driver's License Housing Insurance Passport Records
 Social Security School Travel Veterans Welfare

Other (Specify): _____

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 Applicant: _____

Mailing address for copies, if different from Applicant: _____

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC) (PART 3)

STATE OF _____ County of _____ Before me on this day appeared _____
Applicant's name

Now residing at _____
Address City State Zip Code

who is related to the person named on Part 1 as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

The Applicant presented the following type of identification: _____

Applicant's Signature

Sworn to and before me, this ____ day of _____, 20____

Signature of Notary Public _____

Printed Name _____

Notary ID Number _____ Commission Expires _____

Street Address _____

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 \$10,000.00 (Health and Safety Code, Chapter 195, Sec. 195.003).

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Ruby Lesley, County Clerk
101 West Central Ave.
Comanche, Texas 76442

FOR OFFICE USE ONLY:

Security # _____ Initials _____