

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

SUSANNE MORRIS

MADISON COUNTY CLERK

103 W. Trinity, Suite 104, Madisonville, Texas 77864

Phone 936/241-6210

BIRTH - \$ 23.00

Enter number requested:

_____ Abstract-Short Form

_____ Long Form (Madison County Births only)

DEATH

Enter number requested:

_____ \$ 21.00 First Certified Copy

_____ \$ 4.00 each additional copy ordered at this time

() I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting The Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services.

BIRTH/DEATH RECORD INFORMATION

Registrant's full name on record: _____
First Middle Last name at Birth /Death

Gender (M/F) _____ Date of Birth or Death: _____ County of Birth or Death _____

Parent 1: _____
First Middle Maiden Name/Last Name

Parent 2: _____
First Middle Maiden Name/Last Name

Purpose for obtaining copy of certificate: _____

Requestor's Information:

Applicant's Name: _____
First Middle Last

Daytime Phone Number: _____ Relationship to Registrant: _____

Applicant's Mailing Address: _____
Number & Street City State Zip

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. **Applicant must provide VALID photo identification at the time application is made for a birth/death certificate. Additional proof may be requested at the discretion of the clerk.**

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

Today's Date

Please make check or money order payable to: MADISON COUNTY CLERK

OFFICE USE ONLY:

Local Certificate Recorded _____ Volume _____ Page _____ Date Issued _____

Birth Application TVS Remote Cert. # _____ Deputy Initials _____

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED

Signed by:

APPLICATION SENT BY MAIL is required to attach Notarized Proof of Identification/Affidavit of Personal Knowledge printed on following page 2 and a copy of photo ID. Request will not be processed without the acknowledgments.

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	
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 TEXAS

COUNTY OF _____

Before me on this day appeared _____ now residing at

Who is related to the person named in Part 1 as _____ 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

Address

City, State and Zip

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