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 Each	DEATH	
Enter number requested:	Enter number requested	
Long Form (Madison County Births only)	\$ 21.00 First Ce	
Short Form (State of Texas Births)	\$ 4.00 each ac	dditional copy ordered at this time
Payment accepted by Cash, Credit Card, or	Money Order payable to	Madison County Clerk
() I wish to make a voluntary contribution of \$5.00 to promote he Program administered by the Office of Early Childhood Coordination	ealthy early childhood by sup	pporting The Texas Home Visitation
Trogram daministored by the office of Early official code describing	TO THE FICALLY AND FIGHTAIN	OCI VICES.
IDENTIFY BIRTH OR DEATH	RECORD INFORMATION	N (Part 1)
Full Name of Person on record:		
Full Name of Person on record:	Middle	Last name at Birth /Death
Gender (M/F) Date of Birth or Death:		or Death
Parent 1:		
First	Middle	Maiden Name/Last Name
Parent 2:First	Middle	Maiden Name/Last Name
Purpose for Obtaining the Certificate:		
APPLICANT INF	ORMATION (Part 2)	
	•	
Applicant's Name:	Teleph	one#
Email Address:	Relationship to Registra	ınt:
Applicants Mailing Address		
Applicant's Mailing Address:	City	State Zip
NOTICE: Applicant must be qualified to obtain the record in Administrative Code, i.e., the registrant or immediate family Legal Guardian his, or her legal agent or representative. Application is made for a birth/death certificate. Additional parameters was a felony to falsify information on this do statement on this form or for signing a form which continue of up to \$10,000. (Health and Safety Code, Chapter	member either by blood, blicant must provide VA roof may be requested at cument. The penalty folains a false statement is	marriage or adoption, his or her LID photo identification at the time the discretion of the clerk. r knowingly making a false
Signature of Applicant	Today's	Date
OFFICE USE ONLY:		
Local Certificate Recorded Volume		
Birth Application TVS Remote Cert. #	Deputy I	nitials
I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND IN Signed by: MAIL APPLICANT is required to attach Affiidavit of Persona		

page 2. Application will not be processed without ID and acknowledgment, and a self-addressed, stamped envelope for

return of the certified copy.

AFFIDA	VIT OF PERSONAL KN	OWLEDGE (PART	3)
THIS SECTION MUST	BE SIGNED IN THE PR	RESENCE OF A NO	OTARY PUBLIC
STATE OF TEXAS			
COUNTY OF			
Before me on this day appeared	(Applicant's Nar		now residing at
(Address)	(City)	(State)	(Zip)
who is related to the person named in Part			and who on oath
who is related to the person named in Part deposes and says that the contents of this	affidavit are true and con and number of identifica Applicant Signa	rect. tion: ture	
who is related to the person named in Part deposes and says that the contents of this	affidavit are true and cor and number of identifica Applicant Signa	rect. tion: ture vorn to and subscrib	
who is related to the person named in Part deposes and says that the contents of this	affidavit are true and cor and number of identifica Applicant Signa	rect. tion: ture vorn to and subscrikday of	ped before me, this
who is related to the person named in Part deposes and says that the contents of this	affidavit are true and cor and number of identifica Applicant Signa	rect. tion: ture vorn to and subscribday of Signa	ped before me, this
who is related to the person named in Part deposes and says that the contents of this	affidavit are true and cor and number of identifica Applicant Signa	rect. tion: ture vorn to and subscribday of Signa	ped before me, this, 20 ature of Notary Public
who is related to the person named in Part deposes and says that the contents of this The applicant presented the following type	affidavit are true and cor and number of identifica Applicant Signa	rect. tion: ture vorn to and subscribday of Signa	ped before me, this, 20 hture of Notary Public https://www.science.com/doi/10/10/10/10/10/10/10/10/10/10/10/10/10/