

Janette K Green  
Palo Pinto County Clerk



**APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE**

**APPLICATIONS WITHOUT A COPY OF YOUR PHOTO ID & NOTARY  
JURAT WILL NOT BE PROCESSED**

**\*CASHIERS CHECK OR MONEY ORDERS ARE THE ONLY  
FORM OF PAYMENT ACCEPTED ON MAIL-IN ORDERS\***

**OFFICE USE ONLY**

Certificate \_\_\_\_\_

Date \_\_\_\_\_

Clerk \_\_\_\_\_

Birth Certificate	\$23
Number of copies requested	(_____)
Death Certificate	\$21
Additional copies	\$4
Number of copies requested	(_____)

Full Name on Record (First)	(Middle)	Last
Date of Birth/Death:	Place of Birth/Death, (City, County)	Sex:
Name of Parent 1: (First)	(Middle)	Last/Maiden if applicable
Name of Parent 2: (First)	(Middle)	Last/Maiden if applicable

**Applicant's Information**

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to the Person listed Above \_\_\_\_\_

Reason for Request: ☐Travel/Passport ☐Records ☐School ☐Insurance ☐Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

\*By signing here, the applicant acknowledges understanding of and compliance with the statute cited above AND agrees to pay the search fee in the event no vital record is found.

**The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and Copy of Valid photo ID must be attached to this completed application or the request will not be processed**

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

## 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 in Part I as _____ and who on oath deposes (relationship)	
And says that the contents of this affidavit are true and correct.	
Applicant's Signature _____	
Sworn to and subscribed before me _____ day of _____, 20____,	

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name

**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 SAFTY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**PALO PINTO COUNTY CLERK  
PO BOX 219  
PALO PINTO, TX 76484**