

Cert # \_\_\_\_\_

Date \_\_\_\_\_

# of Copies \_\_\_\_\_



**(CASHIER'S CHECK OR MO ONLY)**

**Birth Record \$23.00 EA (SEARCH FEE)**

**Death Record \$21.00 1<sup>ST</sup> COPY (SEARCH FEE)**  
**(\$4.00 EA ADDL-SAME PERSON)**

**Marriage Record \$21.00 EA(SEARCH FEE)**

**Janette K. Green**

**Palo Pinto County Clerk**

**APPLICATION FOR BIRTH/DEATH/MARRIAGE CERTIFICATE**

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

**BIRTH:** Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City or Town) (County) (State)

Full Name of Parent 1: \_\_\_\_\_  
(Maiden Name/Last Name) (First) (Middle)

Full Name of Parent 2: \_\_\_\_\_  
(Maiden Name/Last Name) (First) (Middle)

**DEATH:** Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_  
(City or Town) (County) (State)

**MARRIAGE:** Applicant #1 Name: \_\_\_\_\_  
(Maiden Name/Last Name) (First) (Middle)

Applicant #2 Name: \_\_\_\_\_  
(Maiden Name/Last Name) (First) (Middle)

Date of Marriage: \_\_\_\_\_

**NOTICE:** *Applicant must be qualified to obtain the birth/death 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.*

**STATE RELATIONSHIP TO ABOVE:** (Spouse, Sibling, Parent, Child, Self) \_\_\_\_\_

**PURPOSE FOR OBTAINING RECORD:** \_\_\_\_\_

**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)**

**Applicant Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

*\*\*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*

**Complete Address:** \_\_\_\_\_

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

**SEE PAGE 2 FOR NOTARY JURAT**

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

**NOTARIZED PROOF OF IDENTIFICATION**

**BIRTH/DEATH:** Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth/Death: \_\_\_\_\_ Sex: M or F (Circle One)  
Place of Birth/Death: \_\_\_\_\_  
(City or Town) (County) (State)  
Full Name of Parent 1: \_\_\_\_\_  
(Maiden Name/Last Name) (First) (Middle)  
Full Name of Parent 2: \_\_\_\_\_  
(Maiden Name/Last Name) (First) (Middle)

**APPLICANT NAME & RELATIONSHIP TO PERSON ON RECORD**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED**

ID TYPE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

**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 named in above as \_\_\_\_\_ and who on oath deposed  
(Relationship)  
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  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip

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

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