

**BUREAU OF VITAL STATISTICS
McCULLOCH COUNTY CLERK
101 N. HIGH
BRADY, TEXAS 76825
PHONE (325) 597-8000 EXT. 2**

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH _____ # REQUESTED _____ CERTIFIED COPIES X \$23.00= _____.
TOTAL ENCLOSED = _____.

DEATH _____ # REQUESTED _____ CERTIFIED COPY X \$20.00 = _____.
_____ EXTRA COPIES OF SAME RECORD X \$8.00 = _____.
TOTAL ENCLOSED = _____.

PLEASE PRINT AND FILL WITH INFORMATION HOW IT IS ON THE BIRTH OR DEATH CERTIFICATE			
1. IFULL NAME OF PERSON ON RECORD	FIRST NAME	MIDDLE NAME	LAST NAME
2. DATE OF BIRTH OR DEATH	MONTH	DAY /YEAR	3. SEX
4. PLACE OF BIRTH OR DEATH	CITY OR TOWN	COUNTY	STATE
5. FULL NAME OF FATHER	FIRST NAME	MIDDLE NAME	LAST NAME
6. FULL MAIDEN NAME OF MOTHER	FIRST NAME	MIDDLE NAME	MAIDEN NAME

7. ADDITIONAL IDENTIFYING INFORMANTION FOR **DEATH CERTIFICATE** ONLY:
- BIRTH DATE _____ BIRTH PLACE, ETC. _____
8. APPLICANT'S NAME: _____ TELEPHONE #: _____
9. MAILING ADDRESS: _____
- STREET ADDRESS CITY STATE ZIP
10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____
11. **PURPOSE FOR OBTAINING THIS RECORD:** _____

I Authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

WARNING THE PENELTY FOR KNOWINGLY MAKING FALSE STATEMENTS IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SCE. 195.003)

SIGNATURE OF APPLICANT

DATE

IDENTIFICATION TYPE

NUMBER

(APPLICATION WITHOUT A LEGIBLE COPY OF A VALID PHOTO ID WILL NOT BE PROCESSED)

NOTATIZED 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/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 named in Part I as _____ and who on oath deposes and
(Relationship)
says that the contents of this affidavit are true and correct.
Signature _____.
Sworn to and subscribed before me, this _____ day of _____, 20____.
(please place notary stamp in space below)

If you would like to get your Certificate mailed back to you Certified or Express please include a prepaid FedEx, UPS, Etc. Envelope for return. We are not responsible for the mail or service once certificate has been mailed regular mail from our office.

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State, and Zip

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY TO 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)
MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

MCCULLOCH COUNTY CLERK
VITAL RECORDS
101 N. HIGH ST.
BRADY, TX. 76825

(APPLICATION WITHOUT THE SWORN STATEMENT AND LEGIBLE COPY OF VALID PHOTO ID WILL NOT BE PROCESSED)