BUREAU OF VITAL STATISTICS McCULLOCH COUNTY CLERK 101 N. HIGH

BRADY, TEXAS 76825

PHONE (325) 597-2400 EXT. 2 FAX (325) 597-1731

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH						DEATH	
# REQUESTED					-	# REQUESTED	
CERTIFIED COPIES X \$23.00=					CERTIFIED	COPY X \$20.00 =	
					EXTRA CO	PIES OF	
	TOTAL ENCLOSED	=			SAME REC	ORD X \$4.00 =	
					TOTAL	ENCLOSED =	•
			I,				
			PLEASE	PRINT			
1.		FIRST NAME		MIDDLE NA	ME	LAST NAME	
	PERSON ON RECORD						
2.	DATE OF BIRTH OR	MONTH		DAY		3. SEX	
. 000	DEATH			/YEAR		S. SEX	
4.	PLACE OF BIRTH OR	CITY OR TOWN		COUNTY		STATE	
	DEATH FULL NAME OF	FIRST NIANAE		AAIDDI E AIAAAE		LACT NIAACT	
Э.	FATHER	FIRST NAME		MIDDLE NAME		LAST NAME	
6.	FULL MAIDEN	FIRST NAME		MIDDLE NA	ME	MAIDEN NAME	
	NAME OF MOTHER						
7.	ADDITIONAL IDENTIFYING INFORMANTION FOR DEATH CERTIFICATE ONLY:						
	BIRTH DATE			BIRTH	PLACE, ETC		
8.	APPLICANT'S NAME:			TELEPHONE #			
	S	TREET ADDRESS	CITY		STATE	ZIP	
10.	RELATIONSHIP TO PERSON NAMED IN ITEM 1:						
	PURPOSE FOR OBTAI						
			0.50	_		ldress below will receive n	ny order.
NAME				STREET ADDRESS STATE			
	CIT			SIAIE			
					TEMENTS IN THIS FOR SAFETY CODE, CHAPT		
SIGNATURE OF APPLICANT					DATE		
IDENTIF	TICATION TYPE						
IDENTIFICATION TYPE					NUMBER		

(APPLICATION WITHOUT VALID PHOTO ID WILL NOT BE PROCESSED)

NOTATIZED PROOF OF IDENTIFICATION

Part I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES O CERTIFICATE	F PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH						
FULL NAME OF PERSON ON RECORD	DATE OF BITH/DEATH						
PLACE OF BIRTH/DEATH(CITY/COUNTY)	SEX						
FULL NAME OF PARENT 1 FUL	L NAME OF PAREN 2						
PART II. ENTER RELEATIONSHIP TO PERSON ON RECORD AND THE TYPE	OF ID USED						
NAME AND RELATIONSHIP TO PERON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED						
AFFIDAVIT OF PERSO	NAL 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							
	ity) (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.							
s	Signature						
Sworn to and subscribed before me, thisday of	, 20 .						
(please place notary stamp in space below)							
	Signature of Notary Public						
	,						
	Commission Expires						
	Typed or Printed Name						
	Street Address						
	Street Address City, State, and Zip						

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY TO KNOWLING 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, CHAPTED 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 VALID PHOTO ID WILL NOT BE PROCESSED)