

APPLICATION FOR BIRTH OR DEATH CERTIFICATION

BIRTH REQUEST	
_____ Certified copies @ \$23 = \$ _____	
_____ Long form	_____ Abstract form

DEATH REQUEST	
_____ Certified copy @ \$21 = \$ _____	
_____ Extra copies @ \$4 = \$ _____	

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Place of Birth or Death	City or Town	County	State
4. Full Name Of Father	First Name	Middle Name	Last Name
5. Full <u>Maiden</u> Name Of Mother	First Name	Middle Name	Last Name

7. Your name: _____ 8. Telephone #: (_____) _____
(Mon - Fri 8:00 a.m. - 5:00 p.m.)

9. Mailing Address: _____
Street Address City State Zip

10. Relationship to person named in Item 1: _____

12. Identification: DL#: _____ Photo ID must be enclosed SS#: _____

13. Purpose for obtaining this record: _____

14. Additional identifying information for Death Certificate:
Social security number of deceased: _____
Birthday: _____ Birthplace, etc.: _____

Your Signature Date of Application

OFFICE USE ONLY			
State # _____	Issuance # _____	Vol. _____	Page _____

_____ SB1836** \$5.00 Voluntary Contribution to TEXAS HOME VISITING PROGRAM to promote healthy early childhood.

Lisa Smith
Cochran County Clerk
100 N. Main, Room 102
Morton, TX 79346