

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.

Shanna Dewbre
Cochran County Clerk
100 N. Main, Room 102
Morton, TX 79346

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 named in Part I as _____ (relationship) and who on oath deposes	
and 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)	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

WARNING: IT 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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**COCHRAN COUNTY CLERK
100 N MAIN, ROOM 102
MORTON, TX 79346**

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