

OFFICE USE ONLY
 Cert # _____
 Vol/Page _____



**MAIL APPLICATION FOR
 BIRTH AND DEATH RECORD**

OFFICE USE ONLY
 Date Mailed _____
 By _____

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: Houston County Clerk and mail to Houston County Clerk; P.O. Box 370; Crockett, TX 75835-0370.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size	\$23		\$	Certified Copy (1 copy)	\$21		
Total				Additional Copies	\$4		
				Total (Check or money order)			

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	

APPLICANT INFORMATION (Part II)			
Applicant Name	Telephone #	Email Address	
Full Mailing Address	Street Address	City	State Zip
Relationship to person listed above	Purpose for obtaining this record:		
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.			
Name of Person Receiving Copies, if Different from Applicant			
Mailing Address for Copies, if Different from Applicant			
City	State	Zip	

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ (Applicant name)
now residing at _____ (Address)	_____ (City) _____ (State)
who is related to the person named on Part I as _____ (Relationship)	and who on oath deposes and says that the contents of this affidavit are true and correct.
The applicant presented the following type and number of identification: _____	
Applicant Signature _____	
(Seal)	Sworn to and subscribed before me, this ____ day of ____, 20 ____.
	Signature of Notary Public and Notary ID Number _____
	Typed or Printed Name: _____
	Commission Expires: _____
	Street Address: _____
	City, State, Zip: _____

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.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Houston County Clerk

P.O. Box 370, Crockett, TX 75835-0370