

107 West Main St  
Cameron, TX 76520  
(254) 697-7049



Certificate Number: \_\_\_\_\_  
LFN: \_\_\_\_\_

### Application for Birth or Death Certificate Jodi Morgan, Milam County Clerk

**BIRTH CERTIFICATES**

\_\_\_\_\_ Certified Copies X \$23.00 \_\_\_\_\_

OR

**DEATH CERTIFICATES**

\_\_\_\_\_ Certified Copies X \$21.00 \_\_\_\_\_

\_\_\_\_\_ Additional Copies X \$4.00 \_\_\_\_\_

**Make Cashier's Check or Money Orders payable to: Milam County Clerk**

**\*No Out of State checks will be accepted\***

**I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program**

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)			
Full Name of Person on Record	First Name	Middle Name	Last Name (Maiden Name)
Date of Birth or Death	Month	Day	Year
Place of Birth or Death	City or Town	County	Sex
Full name of Parent	First Name	Middle Name	Last Name (Maiden Name)
Full Name of Parent	First Name	Middle Name	Last Name (Maiden Name)
APPLICANT INFORMATION (Part II)			
Applicant's Name	Telephone #	Email Address	
Full Mailing Address	Street Address	City	State Zip
Your Relationship to Person in Part I	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 NOTARY PUBLIC) (Part III)			
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ now			
residing at _____ (Address) _____ (City) _____ (State) _____ (Zip)			
who is related to the person name on Part I as _____ 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 _____			
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 PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Milam County Clerk  
107 West Main St  
Cameron, TX 76520  
254-697-7049

\*\*\*ALL PURCHASES ARE FINAL. CLERK'S OFFICE IS NOT RESPONSIBLE FOR MISDIRECTED MAIL\*\*\*