

## OFFICE USE ONLY

Cert # \_\_\_\_\_

DOCUMENT CONTROL # \_\_\_\_\_

By \_\_\_\_\_

MAIL APPLICATION FOR  
BIRTH AND DEATH RECORD

OFFICE USE ONLY

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: Coleman County Clerk For any search of the files where a record is not found, the searching fee is not refundable or transferable.**

| Birth Certificates |        |              |       |
|--------------------|--------|--------------|-------|
| Type               | Cost X | # of copies= | Total |
| Certified Copy     | \$23   |              |       |
|                    |        |              |       |
|                    |        |              |       |
|                    |        |              |       |
|                    |        |              |       |
| <b>Total</b>       |        |              |       |

| Death Certificates      |        |              |       |
|-------------------------|--------|--------------|-------|
| Type                    | Cost X | # of copies= | Total |
| Certified Copy (1 copy) | \$21   |              |       |
| Additional Copies       | \$4    |              |       |
|                         |        |              |       |
|                         |        |              |       |
|                         |        |              |       |
| <b>Total</b>            |        |              |       |

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

## BIRTH/DEATH RECORD INFORMATION

|                               |              |             |                       |
|-------------------------------|--------------|-------------|-----------------------|
| Full Name of Person on Record | First Name   | Middle Name | Last Name             |
| Date of Birth/Death           | Month        | Day         | Year                  |
| 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 |

## REQUESTOR INFORMATION

|                                     |                                    |                |
|-------------------------------------|------------------------------------|----------------|
| Requestor Name                      | Telephone #                        | Email Address  |
| Full Mailing Address                | Street Address                     | City State Zip |
| Relationship to person listed above | Purpose for obtaining this record: |                |

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 Requestor |       |     |
| Mailing Address for Copies, if Different from Requestor      |       |     |
| 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)**

Your Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:  
Milam County Clerk  
806 N. Crockett St. Suite A  
Cameron, TX 76520

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

**BLANK**

This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

## 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 on Part I as \_\_\_\_\_ and who on oath deposes and  
(Relationship)

says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*(Seal)*

|                            |
|----------------------------|
| Signature of Notary Public |
| Commission Expires         |
| Typed or Printed Name      |
| Street Address             |
| City, State and Zip        |

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**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

Milam County Clerk  
 806 N. Crockett St. Suite A  
 Cameron, TX 76520

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