Certificate Number:_____

Application for Birth or Death ertificate

Jodi Morgan, Milam County Clerk

BIRTH CERTIFICAT	'ES

_Certified Copies X \$23.00___

OR

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

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 City or Town 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) Full Name of Parent First Name Middle Name Last Name (Maiden Name) Full Mailing Address Sweet Adaress Email Address Full Mailing Address Sweet Adaress City Sate Zp Your Relationship to Person in Part 1 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 Applicant Mailing Address for Copies, if Different from Applicant Zip Zip State Zip STATE OF	Full Name of Person	IDEN'	TIEV BIRTH OR	DEATH RECORD INFORMAT			
on Record City or Town Day Year Place of Birth or Death City or Town County Sex Death Full name of Parent First Name Middle Name Last Name (Maiden Name) 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's Name Telephone # Email Address Full Mailing Address State City Same Zp Your Relationship to Person in Part 1 Purpose for obtaining this record Image: Second Se	Full Name of Person				ION (Part I)		
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) Full Name of Parent First Name Middle Name Last Name (Maiden Name) Applicant's Name Telephone # Email Address Full Mailing Address Steet Address Ory State Zip Your Relationship to Person in Part I Purpose for obtaining this record Image: City or Copies, if Different from Applicant Maling Address for Copies, if Different from Applicant State Zip City State Zip Ory State Zip City State Zip City State Zip City State Zip City State Zip Output OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC) (Part III) Now 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: and who on oath deposes and says that the contents of this affidavit are true and correct. <		First Name		Middle Name		Last Name (Maiden Name)	
Death Image: Control of Control	Date of Birth or Death	Month		Day		Year	
Full Name of Parent First Name Middle Name Last Name (Maiden Name) 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 Image: City State Zip I authorize mailing to the address below. I have verified that the address below will receive my order Image: City State Zip Name of Person Receiving Copies, if Different from Applicant Image: City State Zip City State Zip Image: City City State State Of Person Receiving Copies, if Different from Applicant Image: City Image: City City City State Of Copies, If Offerent from Applicant Email day appeared City Image: City		City or Town		County		Sex	
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	Full name of Parent	First Name		Middle Name		Last Name (Maiden Name)	
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 Image: City of the address below. I have verified that the address below will receive my order Image: City of the address below. I have verified that the address below will receive my order Name of Person Receiving Copies, if Different from Applicant Image: City of the 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	Full Name of Parent	First Name		Middle Name		Last Name (Maiden Name)	
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 Image: City of the address below. I have verified that the address below will receive my order Image: City of the address below. I have verified that the address below will receive my order Name of Person Receiving Copies, if Different from Applicant Image: City of the 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							
Full Mailing Address Street Address City State Zip Your Relationship to Person in Part 1 Purpose for obtaining this record	Applicant's Name			ANT INFORMATION (Part II)	Email Addre	255	
Your Relationship to Person in Part 1 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 Applicant Mailing Address for Copies, If Different from Applicant City State AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC) (Part III) STATE OF	Applicant's Name Lelephone #		relephone #			655	
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 (Address) (City) (Address) (City) (Address) The applicant signature	Full Mailing Address City State Zip						
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 (Applicant's Name) (Address) who is related to the person name on Part I as (City) (State) (City) (City) (Address) (City) (State) (City) (State) (City) (State) (City) (State)	Your Relationship to Person in Part I Purpose for obtaining this record						
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 (Applicant's Name) residing at	□ I authorize mailing to	the address below. I have verified the	hat the address I	below will receive my order			
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 (Applicant's Name) (Address) (City) (State) (Address) who is related to the person name on Part I as (Address) (City) (State) (Zip) who is related to the person name on Part I as (Address) (City) (State) (Zip) who is related to the person name on Part I as (Address) (City) (State) (Zip) who is related to the person name on Part I as (City) (State) (Zip) and who on oath deposes and says that the applicant presented the following type and number of Identification:	Name of Person Receiv	ing Copies, if Different from Applica	ant				
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 (Applicant's Name) (Address) (City) (State) (Address) who is related to the person name on Part I as (Address) (City) (State) (Zip) who is related to the person name on Part I as (Address) (City) (State) (Zip) who is related to the person name on Part I as (Address) (City) (State) (Zip) who is related to the person name on Part I as (City) (State) (Zip) and who on oath deposes and says that the applicant presented the following type and number of Identification:	Mailing Address for Cor	sies If Different from Applicant					
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							
STATE OF COUNTY OF Before me on this day appeared (Applicant's Name) now residing at (Address) (City) (State) (Zip) who is related to the person name on Part I as (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	City						
residing at		AFFIDAVIT OF PERSONAL P	KNOWLEDGE (N	MUST BE SIGNED IN PRESEN	ICE OF NOTA	RY PUBLIC) (Part III)	
residing at	STATE OF	COUNTY OF	Befo	re me on this day appeared	l	(Accellence) Alexand	now
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	residing at					(Applicant's Name)	
The applicant presented the following type and number of Identification:Applicant signature	(Address))		and says that	
Applicant signature	the contents of this a	ffidavit are true and correct.					
Applicant signature	The applicant preser	nted the following type and num	ber of Identific	ation:			
		0.71					
Sworn to and subscribed before me, this day of, 20,	Applicant signature_						
			Sworn to ar	nd subscribed before me, th	is day	/ of	, 20
Signature of Notary Public and Notary ID Number							
Typed or Printed Name							
Commission Expires							
Street Address							
City, State, Zip			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

107 West Main St Cameron, TX 76520 254-697-7049 ***ALL PURCHASES ARE FINAL. CLERK'S OFFICE IS NOT RESPONSIBLE FOR MISDIRECTED MAIL***

