

OFFICE USE ONLY
 Certificate #
 By:

CARSON COUNTY AND DISTRICT CLERK

Celeste Bichsel

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

Birth Certificate

Type	Cost X	# of Copies	Total
Certified Copy	\$23.00		
		Total	

Death Certificate

Type	Cost X	# of Copies	Total
Certified Copy (First)	\$21.00		
Additional Copy	\$ 4.00		
		Total	

I wish to make a voluntary contribution of \$5.00 to promote health 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 2	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 record:	

I authorize mailing to the address below. I have verified that the address 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 UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature _____ Date of Application _____

APPLICATIONS WITHOUT SIGNATURE OF THE APPLICANT WILL NOT BE PROCESSED.

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

Carson County Clerk
 P.O. Box 487
 Panhandle, Texas 79068

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

NOTARIZED PROOF OF IDENTIFICATION

Part 1. 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 _____ now
(Name)

residing at _____ who is related to the person named on
(Address) (City) (State)

Part 1 _____ and who on oath deposes and says that the contents of this affidavit are true and
(Relationship)
correct.

Signature _____

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

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and 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 \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

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

Carson County Clerk

P.O. Box 487

Panhandle, Texas 79068

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