

OFFICE USE ONLY  
 Certificate #  
 By:

# CARSON COUNTY AND DISTRICT CLERK

*Gayla Cates*

**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 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 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.**

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

Revised 9/2015

**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
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**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

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**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)**