

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

HONORABLE SHARON FERGUSON, BROWN COUNTY CLERK

200 SOUTH BROADWAY STE 101
BROWNWOOD, TX 76801 325-643-2594

PLEASE PRINT

BIRTH CERTIFICATE - \$23.00 EACH

DEATH CERTIFICATE

_____ Abstract (5" X 7") (Remote- not Brown County)

_____ **\$21.00** First Certified Copy

_____ Long Form (Brown County Births only)

_____ **\$4.00** each additional copy ordered at this time

_____ Voluntary contribution Of \$5.00 to promote healthy early childhood/Texas Home Visiting Program (HSC 191.0048)

1. Full name of person on record: _____
First Name Middle Name Last Name

2. Date of Birth or Death: _____ 3. Sex _____
Month Day Year

4. Place Of Birth/Death: _____ TEXAS
City of Town County State

5. Full Name Of Father: _____
First Name Middle Name Last Name

6. Full Name of Mother: _____
First Name Middle Name Last Name (Maiden)

7. Applicants Full Name: _____ 8. Relationship to Person In item 1 _____

9. Mailing Address: _____
Number & Street City State Zip

10. Telephone Number: (_____) _____

11. Purpose for obtaining copy of certificate (please check all that apply):

_____ Driver's License/ID _____ Housing _____ Insurance _____ Passport _____ Records
_____ Social Security _____ School _____ Travel _____ Veterans _____ Welfare

Other (explain): _____

12. Additional Identifying Information for Death Certificate:
Birth Date _____ Birth Place _____

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.
(Texas Health & Safety Code, Chapter 195, Sec. 195.003; Texas Penal Code, Chapter 12 and Chapter 37, Sec.37.10)

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the Registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

Your Signature

Date of Application

By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above

Please make money order or cashier's check payable to: **BROWN COUNTY CLERK**

IF REQUESTING BY MAIL, PLEASE INCLUDE A VALID, LEGIBLE COPY OF PHOTO DL/ID CARD OF THE APPLICANT AND APPLICATION MUST BE NOTARIZED

OFFICE USE ONLY

Registrar File # _____ Volume _____ Page _____ Date Issued _____
Copies Issued _____ Receipt # _____ Deputy Initials _____

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED

Signed By: _____

ID Type & #: _____ Expiration Date: _____

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL. Applications for certified birth or death must be notarized if sending request via United States Postal Service.** PLEASE SEND A MONEY ORDER OR CASHIER'S CHECK MADE PAYABLE TO BROWN COUNTY CLERK. NO CHECKS PLEASE. If applying in person, it takes approximately 10 to 15 minutes to process your request.

Item 1. Name on Record:

State the FULL NAME of the person shown on the record being requested.

Item 2. Date of Even: (The date of the Birth OR Death)

Give the exact date of the birth or day the person died.

Item 3. Sex:

Enter Male or Female.

Item 4. Place of Event:

State the name of the city or county in which the birth or death occurred.

Item 5. Father's Name:

Give the full name of the father of the person shown on the record.

Item 6. Mother's **Maiden** Name:

Give the FULL MAIDEN NAME of the mother of the person shown on the record.

Item 7. Applicant's Name:

Give YOUR full name.

Item 8. Relationship to person named on the record:

State how you are related to the person whose record you are requesting.

Item 9. Mailing Address:

Give us your complete current mailing address.

Item 10. Telephone Number:

Give us the telephone number with area code where you can be reached between the hours of 8:30 a.m. and 5 p.m. Monday through Friday.

Item 11. Purpose for obtaining this record:

State the reason or purpose for which you are requesting this record.

Item 12. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**

This additional information assists our staff in positively indentifying a record when exact dates, places and spelling of the name(s) are not know for a death certificate:

Birth date of the deceased

Birth place of the deceased

Any other information that would be helpful in identifying the record of an individual.

NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 325-643-2594 FOR FEE VERIFICATION). THE SEARCHING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS; THEREFORE ISSUANCE IS RESTRICTED. OTHER RECORDS MAY BE OBTAINED WHEN SUFFICIENT INFORMATION FOR IDENTIFICATION IS PROVIDED. A VALID PHOTO ID IS REQUIRED PRIOR TO RECEIVING SERVICE. A PHOTOCOPY OF A VALID PHOTO ID MUST ACCOMPANY THE APPLICATION. WHEN REQUESTING BY MAIL, PHOTOCOY OF A VALID PHOTO ID MUST ACCOMPANY THE APPLICATION, IN ADDITION TO BEING NOTARIZED. FAILURE TO PROVIDE REQUIRED INFORMATION MAY CAUSE YOUR REQUEST TO BE REJECTED.

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 in Part I as _____ (relationship) and who on oath deposes	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this ____ day of _____, 20 ____.	
<small>(Please place notary stamp in space below)</small>	

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

WARNING: IT 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 SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIERS CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**SHARON FERGUSON
BROWN COUNTY CLERK
200 SOUTH BROADWAY, STE 101
BROWNWOOD, TX 76801**

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