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|---------------------|-------|
| OFFICE USE ONLY | |
| Certificate Number: | _____ |
| Clerk Number: | _____ |
| Receipt Number: | _____ |

**Mail Application for
BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: Calhoun County Clerk's Office

| Birth Certificates | | | | Death Certificates | | | |
|---|--------|--------------|-------|-------------------------------------|--------|--------------|-------|
| Type | Cost X | # of copies= | Total | Type | Cost X | # of copies= | Total |
| Standard Size <input type="checkbox"/> Long form <input type="checkbox"/> | \$23 | | | Certified Copy (1 copy) | \$21 | | |
| | | | | Additional Copies | \$4 | | |
| Total (Check or money order) | | | | Total (Check or money order) | | | |

| IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I) | | | | | |
|---|--|----------------|------------------------------------|-----------------------|-----|
| Full Name of Person on Record | First Name | Middle Name | | Last Name | |
| Date of Birth/Death | Month | Day | Year | Sex | |
| 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 | |
| APPLICANT INFORMATION (Part II) | | | | | |
| Applicant Name | | Telephone # | | Email Address | |
| Full Mailing Address | | Street Address | City | State | Zip |
| Relationship to person listed above | | | Purpose for obtaining this record: | | |
| <input type="checkbox"/> 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 A NOTARY PUBLIC) (Part III) | | | | | |
| STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name) | | | | | |
| now residing at _____ (Address) _____ (City) _____ (State) | | | | | |
| who is related to the person named on Part I as _____ (Relationship) 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 _____ | | | | | |
| (Seal) | Sworn to and subscribed before me, this ____ day of _____, 20____. | | | | |
| | Signature of Notary Public and Notary ID Number _____ | | | | |
| | Typed or Printed Name: _____ | | | | |
| | Commission Expires: _____ | | | | |
| | Street Address: _____ | | | | |
| | 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 A VALID PHOTO ID TO:

Calhoun County Clerk's Office
211 South Ann Street
Port Lavaca, Texas 77979
361-553-4411