

APPLICATION FOR BIRTH OR DEATH CERTIFICATE

PLEASE CHECK ONE: _____ BIRTH RECORD _____ DEATH RECORD

PLEASE PRINT OR TYPE:

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

2. Date of birth or death _____
Month Day Year

3. Place of birth or death _____
City County State

4. Full name of father _____
First Middle Last

5. Full maiden name of mother _____
First Middle Last

6. Applicant's name: _____ Telephone _____

7. Mailing address: _____
Street Address City State Zip Code

8. Relationship to person named in Item #1: _____

9. Purpose for obtaining this record: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 years in prison and a fine of up to \$10,000 (Health and Safety Code, Chapter 195, Sec. 195.003)

Signature of applicant Date: _____

Identification type: _____ Number _____

Death Certificate: For each registrant record, please enclose \$21.00 fee for the first copy and \$4.00 for each additional copy requested.

Birth Certificate: For each registrant record, please enclose \$23.00 fee for each copy requested.

Note: A copy of applicant's driver's license or ID card, etc., is required for identification purposes and must be attached. Items 1-6, 8 and 9 must be provided in order to issue the record.

Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted to immediate family, legal representative, personal representative or agent of the registrant.

Mail to and make remittance payable to: **Candy Wheeler, County Clerk, PO Box 823, Bandera, Texas 78003**

Certificate # _____
(for County Clerk's Office use only)

Issued by: _____
Deputy _____ Date _____