

TEXAS BIRTH/DEATH/MARRIAGE CERTIFICATE APPLICATION

PLEASE PRINT. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Disclaimer: Please note that long form Birth Certificates are only available if person is born in Hutchinson County and only on some Borger residents. Death Certificates are only available for deaths occurring in Hutchinson County and OUTSIDE of the Borger City Limits.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS

Please print your name (First, Middle, Last, Suffix) _____

Street Address _____ City _____ State _____ Zip Code _____

Daytime Phone Number _____ Your relationship to Person named on Certificate: Self / Parent Other-Specify _____

I authorize mailing to the address below, if mailing to address other than listed above.

First, Middle, Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Reason for Request: Newborn, Travel/Passport, Records, School, Insurance, Estate, Other: _____

Step 2 : INFORMATION FOR PERSON NAMED ON BIRTH/DEATH CERTIFICATE

(PLEASE PRINT) Full Name on Certificate (First, Middle, Last Name, Suffix) _____

Date of Birth (Month, Day, Year) _____ OR Date of Death (Month, Day, Year) _____ Sex (circle one) Male Female

Place of Birth OR Death: City _____ County _____ State _____

Parent 1 (First, Middle, Last Name, including maiden name) _____

Parent 2 (First, Middle, Last Name, including maiden name) _____

OR

INFORMATION FOR PERSONS NAMED ON MARRIAGE LICENSE (PLEASE PRINT)

Applicant 1: (First, Middle, Last Name, including maiden name) _____

Applicant 2: (First, Middle, Last Name, including maiden name) _____

Date of Marriage: (Month, Day, Year) _____

READ & SIGN BELOW

Warning: It is a Felony to falsify Information on this document. The penalty for knowingly making a false statement on this form or signing a form which contains a false statement is 2 – 10 years imprisonment and a fine of up to \$10,000. (Health and Safety Code, Chapter 195, Sec. 195.003.)

Signature of Applicant: _____ Date Signed (MM/DD/YYYY) _____

OFFICE USE ONLY	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	Document Control Numbers
REMIT NO. _____ Amounts _____	_____
Date _____ Filed by staff _____	_____

In order for an individual to obtain a certified copy of a birth or death record, the person must be a qualified applicant. Chapter 25 of the Texas Administrative Code §181.11 defines a qualified applicant as: the registrant (person listed on the birth record as the child), an immediate family member either by blood or marriage, the registrant's guardian, or the registrant's legal agent or representative. An immediate family member may be the parent, grandparent, sibling or child of the registrant.

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 on 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 _____.

(Seal)

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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

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

JAN BARNES
HUTCHINSON COUNTY CLERK
PO BOX 1186
STINNETT, TX 79083

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