

**MAIL-IN APPLICATION FOR BIRTH AND DEATH RECORD**

DATE _____ BY _____
Cert # _____
Payment Amount/Method _____

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING THE REQUEST. We can only issue certified copies of long form births and deaths that occurred outside city limits of Borger. We can issue a Remote Birth Certificate from any county in the state but it is only the short form.**

Birth Certificates				Death Certificates			
Type	Cost X	# of copies =	Total	Type	Cost X	# of copies =	Total
Short Form <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
Remote Birth <input type="checkbox"/>	\$23			Additional Copies	\$4		
<b>Total Amount Due</b>				<b>Total Amount Due</b>			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)			
Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death (Circle one)	Month	Day	Year
Place of Birth/Death (Circle one)	City or Town	County	State
Full Name of Father	First Name	Middle Name	Maiden Name/Last Name
Full Name of Mother	First Name	Middle Name	Maiden Name/Last Name

* Required information APPLICANT INFORMATION (Part II)		
*Applicant Full Name	*Telephone #	Email Address

\*Full Mailing Address Street Address City State Zip

\* Relationship to person listed above: \* Purpose for obtaining this record:

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 in Part I as \_\_\_\_\_ and who on oath deposes and says that the content of this affidavit are true and correct. (Relationship)  
 The applicant presented the following type and number of identification: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public and Notary ID Number: \_\_\_\_\_

(seal) 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 ALONG WITH A COPY OF YOUR DRIVERS LICENSE AND CHECK/MONEY ORDER**  
**MADE PAYABLE TO: HUTCHINSON COUNTY CLERK:**  
**PO BOX 1186**  
**STINNETT, TX 79083**

**ALL REQUESTS MUST BE NOTARIZED OR THEY WILL BE REJECTED.**