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By _____	

JAN BARNES Hutchinson County Clerk
 500 Main Street, Suite 211, PO Box 1186, Stinnett, Texas 79083
 806-878-4002

MAIL-IN APPLICATION FOR BIRTH AND DEATH RECORD

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		
Total Amount Due				Total Amount Due			

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
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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 MONEY ORDER MADE PAYABLE TO:
 HUTCHINSON COUNTY CLERK:
 PO BOX 1186
 STINNETT, TX 79083
 ALL REQUESTS MUST BE NOTARIZED OR THEY WILL BE REJECTED.**