

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE - MAIL ONLY

	Money Orders or Local Checks ONLY for Certificates								
	BIRTH ()	DEATH ()							
	# REQUESTED	# REQUESTED							
	CERTIFIED COPIES (BIRTH) = \$23.00 ea	ch1 st CERTIFIED	O COPY (DEATH) = \$21.00 each						
		ADDITIONAL	COPIES (DEATH) = \$4.00 each						
	\$11.00 Se	earch Fee Only (No Record)							
1.	Full name on record:								
2.	Date of birth :	3. Date of death :	4. Sex:						
5.	Place of birth (City or County):								
6.	Father's full name:								
7.	Mother's full maiden name:								
8.	Applicant's name:	9. Telephone #:							
10.	Mailing address:								
11.	Your relationship to person named on item #1:								
12.	Purpose for obtaining this record:								
	Signature	Date	Identification Type						

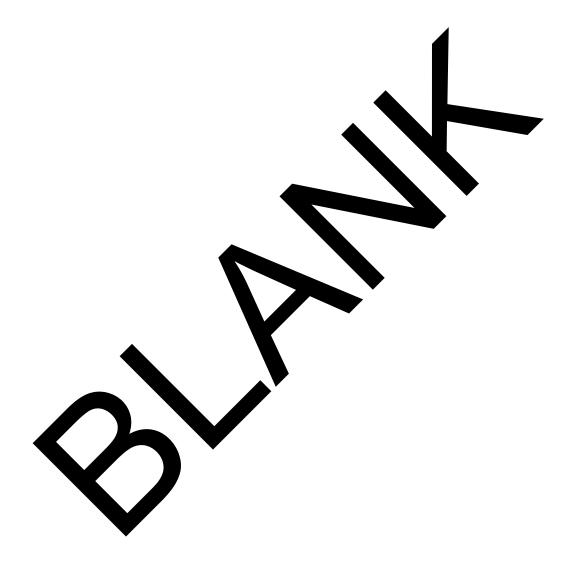
ATTACH NOTARIZED AFFIDAVIT AND A PHOTOCOPY OF DRIVER'S LICENSE OR STATE I.D. TO APPLICATION

13. **DEATH CERTIFICATE** ADDITIONAL IDENTIFYING INFORMATION: Social Security Number:

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 - 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HEALTH & SAFETY CODE, CHAPTER 195, SECTION 195.003).

Fees are subject to change without notice (Call 409-654-3632 for fee verification). For any search of the files where a record is not found, the searching fee is nonrefundable or transferable. Birth records are confidential for 75 years and death records for 25 years, therefore, issuance is restricted. <u>Please attach a photocopy of driver's license or I.D. to application</u>. Administrative rules require that on restricted records, all identifying information (items 1 - 7), relationship (item 11), and purpose (item 12) be provided in order to issue the record.

Clerk:	FOR OFFICE USE ONLY Received:	Completed: Pending:
CK [] M.O. [] CASH []	INFO:	
Search Fee: []	Not Filed Yet:	Not Found:
Paper Number:		tdb 6-1-201



This blank page is to ensure that notarized affidavit does not print on the reverse side of the application.

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)		· · · · · · · · · · · · · · · · · · ·	
}[_, Á^•ãiðj*ÁœÁ	(Address)	(City)	(State)	^´´ÊÂ	
who is related $(\hat{A} \otimes \hat{A} \wedge \cdot \cdot [\hat{A} \otimes \hat{A} \wedge \hat{A}) \hat{A} \otimes \hat{A}$	Qaæ Á (Relatior	nship)		ĮĄ́}Ą́æ©&å^][∙^•Aæ)åÁ	
•æ•Á@æÁhe contents of this affidavit are tru	e and correct.				
	Si	ignature of Applican	nt		
Sworn to and subscribed before me, this _	day of		, 20		
			Signature of Notary Public		
(Seal)			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:

Beaumont Public Health - Vital Statistics

P.O.Box 3827

Beaumont, TX 77704-3827

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