

APPLICATION FOR BIRTH OR DEATH CERTIFICATION

BIRTH REQUEST

_____ Certified copies @ \$23 = \$ _____

_____ Wallet-size copies @ \$23 = \$ _____

DEATH REQUEST

_____ Certified copy @ \$21 = \$ _____

_____ Extra copies @ \$ 4 = \$ _____

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year Sex
3. Place of Birth or Death	City or Town	County	State
4. Full Name Of Father	First Name	Middle Name	Last Name
5. Full <u>Maiden</u> Name Of Mother	First Name	Middle Name	Last Name

7. Your name: _____ 8. Telephone #: (____) _____
(Mon - Fri 8:00 a.m. - 5:00 p.m.)

9. Mailing Address: _____
Street Address City State Zip

10. Relationship to person named in Item 1: _____ 11. _____
Signature

12. Identification: DL#: _____ Photo ID must be enclosed SS# _____

13. Purpose for obtaining this record: _____

14. Additional identifying information for Death Certificate:
Social security number of deceased: _____
Birthdate: _____ Birthplace, etc.: _____

15. If certified copy is to be mailed to some other person, please complete:
Name: _____ Street Address: _____
City: _____ State: _____ Zip: _____

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)

Your Signature _____ Date of Application _____

OFFICE USE ONLY

State # _____ Issuance # _____ Vol. _____ Page _____

Rita Tyson, County Clerk
100 N. Main, Room 102
Morton, Texas 79346