

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

MILLS COUNTY CLERK
P.O. Box 646
GOLDTHWAITE, TEXAS 76844
325-648-2711

BIRTH - \$23.00 Each

Within 75 years are considered
protective records

DEATH: 20.00 1st copy

3.00 each additional copy ordered at this time.
within the past 25 years are considered
protective records

Only issue to immediate family members or beneficiary

Number Requested: _____

Number Requested: _____

Full name on record: _____
 First **Middle** **Last**

Date of Birth or Death: _____

Father's Name: _____
 First **Middle** **Last**

Mother's Name: _____
 First **Middle** **Last (maiden)**

Applicant's name: _____

Daytime Phone # _____

Applicant's mailing Address: _____

Relationship to person in item: _____

Purpose for obtaining this record: _____

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)

SIGNATURE OF APPLICANT

DATE _____

Type of identification: (copy attached) _____

Number _____

Certification of Vital Record # _____