

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 - \$21.00 1ST copy
3.00 each additional
copy ordered at this time.
Within the past 25 years are considered
protective records

Only the immediate family or show beneficiary

Number Requested: _____

Number Requested: _____

Full name of 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 # _____