MAIL APPLICATION FOR BIRTH AND DEATH RECORD

BIRTH - \$23.00 Each

DEATH: 21.00 1st copy

3.00 each additional copy ordered at this time.

within the past 25 years are considered protected records

Within 75 years are considered protected records

PLEASE PRINT. INCLUDE THE SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST. Make check or money order payable to: Mills County Clerk. Mail to: Mills County Clerk, PO Box 646, Goldthwaite, Texas 76844

Number Requested:		Number Requested:		
Full name on record	:			
	First	Middle	Last	
	h:			
Father's Name:				
		Middle	Last	
Mother's Name:	First			
	First	Middle	Last (maiden)	
REQUESTOR'S INFO	DRMATION			
Requestor's Name:_				
Daytime Phone #				
Requestor's Mailing	Address:			
Relationship to pers	on above:			
Purpose for obtaining	ng this record:			
MAKING A FALSE S	TATEMENT ON THIS F	ORM OR FOR SIGNING A FORM	ENT. THE PENALTY FOR KNOWINGLY I WHICH CONTAINS A FALSE 0,000. (HEALTH AND SAFETY CODE,	
			DATE	
SIGNATURE OF APPL	ICANT			
APPLICATIONS V BE PROCESSED		ID AND THE ATTACHED S	WORN STATEMENT WILL NOT	
OFFICE USE ON	ILY			
Type of identificat	ion: (copy attached)_	Nu	ımber	
Certification of Vi	tal Record #			

NOTARIZED PROOF OF IDENTIFICATION

ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON

DATE OF BIRTH/DEATH

		1		
LACE OF BIRTH/DEATH (City or County)			SEX	
ULL NAME OF PARENT 1	FULL NAME O	FULL NAME OF PARENT 2		
<u> </u>				
PART II. ENTER RELATIONSHIP TO PERSON ON RECO	RD AND THE TYP	PE OF ID USED.		
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED		
AFFIDAVIT OF	PERSONA	L KNOWLED)GE	
PART III. THIS SECTION MUST BE SIGNED IN THE PRE	SENCE OF A NO	TARY PUBLIC.		
STATE OF				
COUNTY OF				
Before me on this day appeared	(Name)			
now residing at(Address)	, ,	(0)	A STATE OF THE STA	
who is related to the person named on Part I as	(City)	(State)	and who on oath deposes an	
says that the contents of this affidavit are true and correct.	onship)			
	Signature			
Sworn to and subscribed before me, this day of		_, 20		
		Signature of I	Notary Public	
		Commission	on Expires	
(Seal)	-	Typed or Pr	inted Name	
		Street A	Address	
		City State	e 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:

Mills County Clerk

PO Box 646 Goldthwaite, Texas 76844

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

PART I.

BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD