

OFFICE USE ONLY



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MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: TERRELL COUNTY CLERK.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

APPLICANT INFORMATION (Part II)			
Applicant Name		Telephone #	Email Address
Full Mailing Address	Street Address	City	State Zip
Relationship to person listed above		Purpose for obtaining this record:	
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.			
Name of Person Receiving Copies, if Different from Applicant			
Mailing Address for Copies, if Different from Applicant			
City		State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)	
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ <div style="text-align: right;">(Applicant name)</div>	
now residing at _____ <div style="display: flex; justify-content: space-between;"> (Address) (City) (State) </div>	
who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. <div style="text-align: center;">(Relationship)</div>	
The applicant presented the following type and number of identification: _____	
Applicant Signature _____	
Sworn to and subscribed before me, this ____ day of ____, 20____.	
Signature of Notary Public and Notary ID Number _____	
Typed or Printed Name: _____	
Commission Expires: _____	
Street Address: _____	
City, State, 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 APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

Terrell County Clerk
P.O. Drawer 410
Sanderson, Texas 79848
Tele: 432-345-2391
Fax: 432-345-2740