

OFFICE USE ONLY

Cert. # _____

Vol. _____ # _____ Copies _____

Date Issued _____ By _____

CALDWELL COUNTY CLERK
Teresa Rodriguez
1703 S. Colorado St. Ste. 1200
Box 1
Lockhart, Texas 78644

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

Non-refundable

BIRTH \$23 ea. _____ **DEATH \$21 ea.** _____ *additional copies of same Death Cert. \$4 ea.* _____

PLEASE PRINT. INCLUDE PHOTOCOPY OF YOUR VALID PHOTO ID.

1. Full Name of person on record	First name	Middle name	Last name <i>(Birth Name)</i>
2. Date of Birth or Death	Month, day, year <i>(Birth date)</i>	<i>(Death date)</i>	Sex M / F
3. Place of Birth or Death	City	County	State
4. Father's Name	First name	Middle name	Last name
5. Mother's Maiden Name	First name	Middle name	Mother's Maiden name

Applicant's Name: _____ **Relationship to Person in Item #1:** _____

Mailing Address: _____ **Telephone #** _____

ID Type & # _____ **Expiration Date:** _____

Purpose for obtaining this record: Drivers License/ID ___ SS ___ Housing ___ School ___ Sports ___
Passport ___ Veterans ___ Records ___ Insurance ___ Welfare ___ Other _____

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of the Health and Human Services.

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 & SAFETY CODE CHAPTER 195, SEC. 195.003)

Signature of Applicant

Date

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., self, immediate family member, legal guardian, legal agent. Fees are non-refundable.

Make check or money order payable to: CALDWELL COUNTY CLERK

If ordering by mail, send \$5.00 non-refundable search fee with a self-addressed stamped envelope with application, copy of id and payment.

Info: Texas Bureau of Vital Statistics, Department of State Health Services, 1100 West 49th Street, Austin, Texas
Phone (512) 458-7111 *mailing address* Texas Bureau of Vital Statistics P.O. Box 149347 Austin, TX 78714-9347
www.TexasOnline.com

BLANK

This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (City or County)			SEX
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Address) _____ (City) _____ (State)	
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	
(Seal)	Signature of Notary Public <hr/> Commission Expires <hr/> Typed or Printed Name <hr/> Street Address <hr/> City, State 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:

Caldwell County Clerk's Office
 1703 S. Colorado Street Box 1, Ste. 1200
 Lockhart, Texas 78644

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