



OFFICE USE ONLY

24 HOUR WAITING PERIOD
APPLICATION FOR
BIRTH (TEXAS) OR
DEATH (INSIDE-TERRELL CITY LIMITS)
RECORD

Receipt # _____

Document Control # _____

By _____

MAILED REQUEST MUST INCLUDE PAYMENT and a PHOTOCOPY OF YOUR VALID PHOTO ID and SWORN STATEMENT

Make money order payable to: CITY OF TERRELL

BIRTH Certificates			
	Cost	# of copies	Total
Certified Standard Form	\$23.00	x _____	= \$ _____
Certified Long Form	" "	x _____	= \$ _____

DEATH Certificates			
	Cost	# of copies	Total
Certified Copy	\$21.00	x _____	= \$ _____
Additional Copies	\$4.00	x _____	= \$ _____

For any search where a record is not found, the SEARCHING FEE IS NOT REFUNDABLE or transferable.

- Refunds available only on written request

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State Texas
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME _____ 8. TELEPHONE # (_____) - _____
(DAYTIME)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

DO YOU WANT TO PICK UP CERTIFICATE YES NO DO YOU WANT CERTIFICATE MAILED YES NO
PLEASE NOTE: ALL CERIFICATES WILL BE MAILED IF THEY ARE NOT PICKED UP

10. RELATIONSHIP to person in item 1: _____ 11. PURPOSE for obtaining this record: _____

12. WILL THIS RECORD BE USED TO Obtain A Passport, For Immigration OR For Indian Registry? YES NO

13. ADDITIONAL INFORMATION FOR **DEATH CERTIFICATE**: Birth date _____ Birth Place _____

SIGNATURE: X _____ **APPLICATION DATE** _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.
(HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003) VS-1423 REV.11/2005

Office Personnel Only

Name on ID: _____ Clerks Initials: _____

Certificate Received by: _____

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 _____ and who on oath deposes and (Relationship)						
says that the contents of this affidavit are true and correct.						
Signature _____						
Sworn to and subscribed before me, this _____ day of _____, 20 _____.						
<i>(Seal)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; text-align: center;">Signature of Notary Public</td> </tr> <tr> <td style="height: 40px; text-align: center;">Commission Expires</td> </tr> <tr> <td style="height: 40px; text-align: center;">Typed or Printed Name</td> </tr> <tr> <td style="height: 40px; text-align: center;">Street Address</td> </tr> <tr> <td style="height: 40px; text-align: center;">City, State and Zip</td> </tr> </table>	Signature of Notary Public	Commission Expires	Typed or Printed Name	Street Address	City, State and Zip
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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:

CITY OF TERRELL
P.O. BOX 310
Terrell, Texas 75160

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