

Application for Certified Copy of Birth or Death Certificate

OFFICE USE ONLY
Cash _____
Check # _____
Credit/Debit _____

Kaci Mills

Hall County & District Clerk
512 Main St., Suite #8
Memphis, TX 79245

OFFICE USE ONLY
Certificate No. _____
By _____

Phone: 806.259.2627 Fax: 806.259.5078

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

Make check or money orders payable to: HALL COUNTY CLERK

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		
Total (Check or money order payable to Hall County Clerk)				Total (Check or money order payable to Hall County Clerk)			

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 Health and Human Services.

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
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: _____

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 _____ (Applicant 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.

The applicant presented the following type and number of identification: _____

Applicant Signature _____
(Seal)
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:

Hall County Clerk
512 W. Main St., Suite 8
Memphis, TX 79245