OFFICE USE ONLY	

Туре

**Birth Certificates** 

Cost X

# of

copies=



OFFICE USE ONLY	
Remit No By	

# of

Total

**Death Certificates** 

Cost X

Туре

## **MAIL APPLICATION FOR BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST. Make cashier's checks or money orders payable to: Cooke County Clerk (NO PERSONAL CHECKS ACCEPTED FOR PAYMENT)

Total

Certified Copy   S21				copies=						copies=	Total		
Total   Tota	Certified Copy		\$23			Certified Copy (1st copy) \$21							
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.    Full Name of Person on Record   Date of Birth/Death   Month   Day   Year   Sex						Add	itional Copies		\$4				
Applicant Name   Telephone #   Dentify Birth or Dentify													
Fill Name of Person Record Date of Birth/Death Person on Record Date of Birth/Death Month Day Year Sex    Place of Birth/Death City or Town County State													
Person on Record Date of Birth/Death Place of Birth/Death Place of Birth/Death Full Name of Parent 1  APPLICANT INFORMATION (Part II)  Applicant Name Pull Mailing Address Street Address Street Address Street Address City State  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  City State Zip  AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)  STATE OF OUNTY OF Before me on this day appeared (Applicant name)  Applicant name) Applicant presented the following type and number of identification:  (Relationship)  Sworn to and subscribed before me, thisday of, 20  Signature  Sworn to and subscribed before me, thisday of, 20  Signature of Notary Public and Notary ID Number  Typed or Printed Name: Commission Expires: Street Address:  Street Address  Street Address  Street Add	IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)												
Place of Birth/Death Full Name of Parent 1 First Name  APPLICANT INFORMATION (Part II)  Applicant Name  APPLICANT INFORMATION (Part II)  Applicant Name  Full Mailing Address  Street Address  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  (Address)		First Name			Middle Name			Last Na	me				
Birth/Death Full Name of Parent 1 Full Name of Parent 2  APPLICANT INFORMATION (Part II) Applicant Name  APPLICANT INFORMATION (Part II) Applicant Name 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 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 affidavit are true and correct. (Relationship) The applicant presented the following type and number of identification: Applicant Signature Swom to and subscribed before me, thisday of, 20  (Seal) Signature of Notary Public and Notary ID Number Typed or Printed Name: Commission Expires: Street Address: Street Address:	Date of Birth/Death	Month			Day Year			Sex	Sex				
Full Name of Parent 1  Full Name of Parent 2  APPLICANT INFORMATION (Part II)  Applicant Name  APPLICANT INFORMATION (Part II)  Applicant Name  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  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  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  Sworn to and subscribed before me, thisday of, 20  (Seal)  Signature of Notary Public and Notary ID Number  Typed or Printed Name:  Commission Expires:  Street Address:  Street Address:  Street Address:  Street Address:  Street Address:					County				State				
APPLICANT INFORMATION (Part II)  Applicant Name		First Name			Middle Name			Maiden	Maiden Name/Last Name				
Applicant Name		First Name Middle Name Maiden Name/Last Name						Name					
Full Mailing Address	APPLICANT INFORMATION (Part II)												
Relationship to person listed above	Applicant Name			Telephone	, ,			Email Address	ail Address				
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Street Address:	Typed or Printed Name:												
	Commission Expires:												
City, State, Zip:	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:

**Cooke County Clerk** Vital Records 101 S Dixon, Suite 108 Gainesville, TX 76240