

F r e e s t o n e C o u n t y C l e r k
P.O. Box 1010
Fairfield, TX 75840
(903) 389-2635

APPLICATION FOR CERTIFICATE OF BIRTH OR DEATH RECORD

Birth Certificate: \$23.00 Each Death: \$21.00 Each/\$4.00 each add. Death Record

Today's Date: _____

Name on Birth/Death Certificate: _____ Male Female

Your Relationship to above: Mother Father Brother Sister Attorney Self
 Other _____

Date of Birth/Death: _____ Place of Birth/Death: _____

Full Name of Father: _____

Full Name of Mother (MAIDEN): _____

Purpose of obtaining Record: Check One Passport Travel School Insurance
 Job Genealogy Personal Records Other _____

******Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine up to \$10,000 (Health and Safety Code, Chapter 678, Sec.195.003).******

Address: _____

Phone Number: _____ Signature of Applicant: _____

(Please attach copy of driver's license when applying in person or by mail and complete the Notarized Proof of Identification). Birth Records are confidential for 75 years & Death Records are confidential for 25 years.

Recorders Information:

Verification: Birth or Death State ___ County ___

Volume: _____ Page: _____ Certificate Number: _____ Initials: _____

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 in Part I as _____ and who on oath deposes
 (relationship)

and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this ____ day of _____, 20 ____.

(Please place notary stamp in space below.)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**FREESTONE COUNTY CLERK
 VITAL RECORDS
 PO BOX 1010
 FAIRFIELD TX 75840**

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