

**Linda Jarvis
Freestone County Clerk
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

Date: _____

Name on Birth/Death Certificate: _____ Male Female

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

Name of Father: _____

Name of Mother: _____
(Maiden Name Please)

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

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: _____
Signature of Applicant _____

Phone Number: _____

Recorders Information:

Verification: Birth or Death

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

For applications that are sent by mail: Must send The attached Notarized Proof of Identification/Affidavit of personal Knowledge & copy of valid photo ID or request will not be processed.

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)						
<table border="1" style="width: 100%;"> <tr> <td>Signature of Notary Public</td> </tr> <tr> <td>Commission Expires</td> </tr> <tr> <td>Typed or Printed Name</td> </tr> <tr> <td>Street Address</td> </tr> <tr> <td>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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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)