

**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

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).\*\*\**

\_\_\_\_\_  
Signature of Applicant      Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

(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.

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Recorders Information:  
Verification:  Birth or  Death

Volume: \_\_\_\_\_ Page: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Initials: \_\_\_\_\_

# NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	
<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>			
NAME AND RELATIONSHIP TO PERSON ON RECORD		TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED	

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>						
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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Street Address						
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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)**