

**JOYCE HUDMAN, COUNTY CLERK
111 E. LOCUST, SUITE 200
ANGLETON, TEXAS 77515**

Application For Certified Copy of BIRTH or DEATH Certificate

BIRTH	
# REQUESTED	_____
_____ CERTIFIED COPIES @ \$23.00 =	_____
_____ VERIFICATION @ \$5.00 =	_____
TOTAL =	_____
WE DO NOT ISSUE WALLET SIZE	

DEATH	
# REQUESTED	_____
_____ CERTIFIED COPIES @ \$21.00 =	_____
_____ ADDITIONAL COPY @ \$4.00 =	_____
_____ VERIFICATION @ \$5.00 =	_____
TOTAL =	_____

IF MAILING INCLUDE COPY OF VALID ID, IF CREDIT CARD FAX ID

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Place of Birth or Death	City	County	State TEXAS
4. Full Name of Parent 1	First Name	Middle Name	Last Name/Maiden Name
5. Full Name of Parent 2	First Name	Middle Name	Last Name/Maiden Name

6. Applicant's Name: _____ 7. Telephone #: _____

8. Mailing Address: _____
Street Address City State Zip

9. Relationship to Person Named in Item 1: _____

10. Purpose for Obtaining this Record: _____

Signature of Applicant

Date

DL / ID Number Exp Year

_____ ID Verified by Clerk

Credit Card Payment for Fax Request

Process Payment Online at
<https://certifiedpayments.net>
* Convenience Fee

Bureau Code - 3433402

Payment ID _____

*Acceptable Methods of Payment - Cash, Money Order / Cashiers Check, Credit Card**

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

** Office Use Only*

Receipt # _____ Control # _____

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 on Part 1 as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<p>(Seal)</p>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
Brazoria County Clerk
Vital Records Department
111 East Locust, Suite 200
Angleton, TX 77515

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