

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

TAMMY MARSHALL

CROSBY COUNTY CLERK

201 W. ASPEN SUITE 102 CROSBYTON TX. 79322

PHONE: (806) 675-2334

BIRTH - \$23.00

ENTER QUANTITY

____ **SHORT FORM**

____ **LONG FORM** (Crosby County births only)

DEATH - \$21.00

ENTER QUANTITY

____ **\$21.00 FIRST CERTIFIED COPY**

____ **\$4.00 EACH AFTER 1ST COPY**

Registrant's Full Name on Record

First Middle Last (name at birth or death)

Gender (M/F) _____ Date of Birth or Death: _____ County of Birth or Death

Mother's Name:

First Middle Last

Father's Name

First Middle Last

Purpose for obtaining a copy of Certificate:

Applicant's Name:

First Middle Last

Daytime Phone Number:

Relationship to Registrant: **SELF MOTHER FATHER SISTER BROTHER**
GRANDPARENT

Applicant's Mailing Address:

Street & Number City State Zip

ID TYPE & #: _____ Expiration Date:

Notice: Applicant must be qualified to obtain the records in accordance with section 181.1, chapter 25, Texas administrative Code, i.e, the registrant or immediate family member by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide valid photo I.D. at the time of application is made for a birth or death certificate. **Photocopy of I.D. must come back with application!** Additional proof may be requested at the discretion of the clerk.

Warning: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THEN 10 YEARS AND/OR A FINE OF UP TO \$10,000.00.

(Texas Health & Safety Code, Chapter 195 Sec.195.003); Texas Penal Code 12 and Chapter 37, Sec 37.10)

Applicant Signature: _____ Today's

Date _____ (By signing here the applicant acknowledges understanding of and compliance with the statutes cited above.)

Please make check payable to: CROSBY COUNTY CLERK

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUNDS OR EXCHANGES WILL BE GRANTED

Signed by:

NOTARIZED PROOF OF IDENTIFICATION

PART 1: ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH

FULL NAME PERSON ON RECORD

DATE OF BIRTH/DEATH

PLACE OF BIRTH(CITY OR COUNTY)

SEX

FULL NAME OF PARENT 1

FULL NAME OF PARENT 2

PART 2: ENTER RELATIONSHIP TO PERSON ON RECORD AND TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD

TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART 3: THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF: _____

COUNTY OF: _____

BEFORE ME ON THIS DAY _____

NOW RESIDING AT _____

WHO IS RELATED TO THE PERSON NAMED ON PART 1 AS _____ AND WHO ON OATH DEPOSES AND
AND SAYS THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT

SIGNATURE _____

SWORN TO AND SUBSCRIBE BEFORE ME, THIS ____ - DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRES

TYPED OR PRINTD NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. TE PENALTY FOR KNOWINGLY MAKING A FALSE
STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YERS IMPRISNMENT AND
A FINE OF UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)

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