

OFFICE USE ONLY

DOCUMENT CONTROL # \_\_\_\_\_



MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. MUST COMPLETE ENTIRE APPLICATION AND INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

**A MONEY ORDER IS REQUIRED FOR PAYMENT**

Birth Certificates			
Certified Copy	\$23.00	# of copies =	
		Total	

Death Certificates			
Certified Copy (1 copy)	\$21.00	# of copies =	
Additional Copies	\$ 4.00		
		Total	

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	
APPLICANT INFORMATION (Part II)				
Applicant Name	Telephone #	Email Address		
Full Mailing Address	Street Address	City	State	Zip
Relationship to person listed above	Purpose for obtaining this record:			
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.				
Name of Person Receiving Copies, if Different from Applicant				
Mailing Address for Copies, if Different from Applicant				
City	State	Zip		
AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)				
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)				
now residing at _____ (Address) _____ (City) _____ (State)				
who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.				
The applicant presented the following type and number of identification: _____				
Applicant Signature _____				
(Seal)	Sworn to and subscribed before me, this ____ day of ____, 20____.			
	Signature of Notary Public and Notary ID Number _____			
	Typed or Printed Name: _____			
	Commission Expires: _____			
	Street Address: _____			
	City, State, 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 COMPLETED APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

Andrews County Clerk  
P.O. Box 727 or 215 N.W. 1<sup>st</sup> Street  
Andrews, TX 79714