

OFFICE USE ONLY  
DOCUMENT  
CONTROL # \_\_\_\_\_

MAIL APPLICATION FOR  
BIRTH AND DEATH RECORD FOR ANDREWS COUNTY ONLY

PLEASE PRINT. MUST COMPLETE ENTIRE APPLICATION AND INCLUDE:

**A PHOTOCOPY OF YOUR VAILD PHOTO ID**

**A CASHIER'S CHECK ONLY - (NO Money Order) WILL BE ACCEPTED FOR \*TOTAL DUE**

Birth Certificates \$23.00 each.		Number of copies requesting _____		Total Due \$ _____
Death Certificates \$21.00 for the first copy and \$4.00 for each additional copy.		Number of copies requesting _____		Total Due \$ _____
<b>IDENTIFY BIRTH OR DEATH RECORD INFORMATION (PART I)</b>				
Full Name of Person on Record:	First Name	Middle Name	Last Name - <b>as it appears on Birth Record</b>	
Date of Birth or Death:	Month	Day	Year	Sex
Full Name of Parent 1:	First Name	Middle Name	Last Name - <b>include Maiden Name and Suffix (if applicable)</b>	
Full Name of Parent 2:	First Name	Middle Name	Last Name - <b>include Maiden Name and Suffix (if applicable)</b>	
<b>APPLICANT INFORMATION (PART II)</b>				
Applicant Name	Telephone #		Email Address	
Full Mailing Address	Street Address	City	State	Zip
Relationship to person on Record:		Purpose for obtaining this record:		
<input type="radio"/> 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	
<b>AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (PART III))</b>				
STATE OF _____				
COUNTY OF _____				
Before me on this day appeared _____ (Applicant's Name)				
The applicant presented the following type and number of identification: _____				
Applicant's Signature _____ (seal)				
Sworn to and subscribed before me on this ____ day of _____, 20__.				
Signature of Notary Public _____				
Notary ID Number: _____				
Commission Expires: _____				

**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 PHOTOCOPY OF ID 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