

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

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 \$ _____

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (PART I)

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
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>

APPLICANT INFORMATION (PART II)

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

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'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