

**JOAN NEWMAN
TITUS COUNTY CLERK**

100 WEST FIRST STREET, Ste 204
Mount Pleasant, TX 75455

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APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE
(Aplicacion para registro de nacimiento)

OFFICE USE ONLY (Para Uso Exclusivo De La Ofcina)

| Birth Certificate | Death Certificate |
|--|---|
| ___ # Requested @ \$23.00 Each State Form # _____ Vol _____ Page _____ Registrar # _____ Deputy _____ | ___ First Copy @ \$21.00 ___ Additional @ \$4.00 Vol _____ Page _____ Registrar # _____ Deputy _____ |

PLEASE PRINT BIRTH INFORMATION

| | | | |
|--|-----------------------|-----------------------|--|
| 1. Full Name of Person on Record (Nombre registrado) → | First Name (Primero) | Middle Name (Segundo) | Last Name (Apellido) |
| 2. Date of Birth/Death (Fecha De Nacimiento/ fallecimiento) → | Month (Mes) | Day (Dia) | Year (Año) Male or Female (Masculino o Feminina) |
| 3. Place of Birth/Death (Lugar De Nacimiento/ fallecimiento) → | City or Town (Ciudad) | County (Cdo) | State (Estado) |
| 4. Full Name of Father (Nombre del Padre) → | First Name (Primero) | Middle Name (Segundo) | Last Name (Apellido) |
| 5. Full MAIDEN Name of Mother (Nombre de la Madre) → | First Name (Primero) | Middle Name (Segundo) | Maiden Name (Apellido) (de soltera) |

6. Applicant's Name _____ **7. Telephone # ()** _____
(Su nombre) (No. de Telefono)

8. Mailing Address _____
(Direccion) Street Address (No. Calle) City (Ciudad) State (Estado) Zip (Codigo)

9. Relationship to Person on Certificate _____
(Su relacion a la persona registrada)

10. Purpose for Obtaining This Certificate _____
(Su proposito para obtener el registro)

Signature of Applicant (Su Firma) Date (Fecha)

Identification Type and Number

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000 (HEALTH & SAFETY CODE CHAP. 678, SEC. 195.003).
ADVERTENCIA: LA PENA POR HACER ALGUNA FALSA DECLARACION EN ESTA FORMA PUEDE SER DE 2-10 ANOS EN PRISON Y UNA MULTA HASTA \$10,000. EN ACUERDO CON CODIGO DE SALUD Y SEGURIDAD, CAPITULO 678, SECCION 195.003.

NOTORIZED 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 I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit signed by me and that the statements are true and correct. | |
| Signature _____ | |
| Sworn to and subscribed before me, this _____ day of _____, 20 _____. | |
| <i>(Personalized Seal)</i> | 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 APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Titus County Clerk

100 West First Street, Suite 204
 Mount Pleasant, Texas 75455

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