

**JOAN NEWMAN
TITUS COUNTY CLERK**

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

PHONE: 903-577-6796
FAX: 903-572-5078
WEBSITE: www.co.titus.tx.us

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

OFFICE USE ONLY (Para Uso Exclusivo De La Ofecina)

<p style="text-align: center;">Birth Certificate</p> <p>___ # Requested @ \$23.00 Each State Form # _____</p> <p>Vol _____ Page _____ Registrar # _____</p> <p>Deputy _____</p>	<p style="text-align: center;">Death Certificate</p> <p>___ First Copy @ \$21.00 ___ Additional @ \$4.00</p> <p>Vol _____ Page _____ Registrar # _____</p> <p>Deputy _____</p>
---	--

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 (Su nombre) _____ 7. Telephone # () _____
(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.

NOTARIZED 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 are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20 _____.

(Seal)

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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

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