



TINA PETTY

COUNTY CLERK, BOWIE COUNTY

710 JAMES BOWIE DRIVE

NEW BOSTON, TX 75570

TEL: 903-628-6742 FAX: 903-628-6729



APPLICATION FOR CERTIFIED COPY OF BIRTH or DEATH CERTIFICATE

BIRTH \$23.00 _____ DEATH \$21.00/\$4.00 ADDITIONAL _____
NUMBER REQUESTED NUMBER REQUESTED

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

Please Print:

1. Full Name on Record: (first, middle, last) _____
2. Date of Birth: _____ Date of Death _____
3. Place of Birth or Death: (City, County) _____
4. Father's Full Name: _____
5. Mother's Full Maiden Name: (Her given name at time of her Birth) _____

Information about Applicant

6. Applicant's Full Name: _____
7. Applicant's Mailing Address: _____
City, State, Zip Code _____
8. Telephone Number: _____ 9. Email Address _____
10. Applicant's Relationship to Person Named in #1: _____
11. Purpose for Obtaining Record: _____

Signature of Applicant
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date

**For applications that are sent by mail:
The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.**

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 in Part I as _____ and who on oath deposes (relationship) | |
| and says that the contents of this affidavit are true and correct. | |
| Signature _____ | |
| Sworn to and subscribed before me, this _____ day of _____, 20____. | |
| <i>(Please place notary stamp in space below)</i> | |

| |
|----------------------------|
| Signature of Notary Public |
| Commission Expires |
| Typed or Printed Name |
| Street Address |
| City, State and Zip |

WARNING: IT 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:

**BOWIE COUNTY CLERK
710 JAMES BOWIE DRIVE
NEW BOSTON, TX 75570
(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**