

For Office Use Only
Cert# _____
Doc ctrl# _____
By _____

Phyllis F. Lovell
 Concho County Clerk
 152 N. Roberts
 P.O. Box 98
 Paint Rock, Texas
 76866

For Office Use Only
Remit # _____
Amount \$ _____
Date _____ By _____

BIRTH CERTIFICATE - \$22.00
 # OF COPIES _____

DEATH CERTIFICATE - \$21.00
 # OF COPIES _____
 Extra Copies \$4.00 each

Application for Birth or Death Record
 Please Print

() I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part 1)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Sex(M/F)
Place of Birth/Death	City or Town	County	State	
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	

APPLICANT INFORMATION (Part 2)			
Applicant Name	Telephone#	Email Address	
Street Address	City	State	Zip
Relationship to person listed above		Purpose for obtaining this record	

() 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 than Applicant	_____
Address of Person Receiving Copies, if Different than Applicant	_____

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (PART 3)	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ (Applicant name)
now residing at _____ (Address)	_____ (City) _____ (State)
who is related to the person named on Part 1 as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)	
The applicant presented the following type and number of identification _____	
Applicant Signature _____	
(Seal)	Sworn to and subscribed before me, this _____ day of _____, 20____
	Notary: Signature _____
	Printed Name _____
	ID Number _____
	Commission Expires _____
	Street Address _____
	City, State, 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)

WHEN MAILING IN APPLICATION, INCLUDE PAYMENT AND A COPY OF VALID PHOTO ID.