

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

Amber Hall
 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 - \$20.00
 # 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 _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.
 The applicant presented the following type and number of identification _____
 Applicant Signature _____
 Sworn to and subscribed before me, this _____ day of _____, 20____
 Notary: Signature _____
 (Seal) 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.