

JOYCE HUDMAN, COUNTY CLERK
111 E. LOCUST, SUITE 200
ANGLETON, TEXAS 77515

Application For Certified Copy of BIRTH or DEATH Certificate

BIRTH	
# REQUESTED	
_____ CERTIFIED COPIES \$23.00 ea. = _____	
_____ LETTER OF VERIFICATION \$5.00 = _____	
TOTAL = _____	
WE DO NOT ISSUE WALLET SIZE	

DEATH	
# REQUESTED	
_____ 1ST CERTIFIED COPY \$21.00 = _____	
_____ ADDITIONAL COPIES \$4.00 ea. = _____	
_____ LETTER OF VERIFICATION \$5.00 = _____	
TOTAL = _____	

IF MAILING INCLUDE COPY OF VALID ID

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year Sex
3. Place of Birth or Death	City	County	State TEXAS
4. Full Name of Parent 1	First Name	Middle Name	Last Name/Maiden Name
5. Full Name of Parent 2	First Name	Middle Name	Last Name/Maiden Name

6. Applicant's Name: _____ 7. Telephone #: _____

8. Mailing Address: _____
Street Address City State Zip

9. Relationship to Person Named in Item 1: _____

10. Purpose for Obtaining this Record: _____

Signature of Applicant
Date
DL / ID Number Exp Year
_____ ID Verified by Clerk

Credit Card Payment for EMAIL request only cclerkpublic@brazoriacountytx.gov Process Payment Online at https://certifiedpayments.net <i>* Convenience Fee</i> Bureau Code - 3433402 Payment ID _____
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Acceptable Methods of Payment - Cash, Money Order / Cashiers Check, Credit Card*

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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

*** Office Use Only** **Receipt #** _____ **Control #** _____

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 1 as _____ and who on oath deposes and
(Relationship)

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:
Brazoria County Clerk
Vital Records Department
111 East Locust, Suite 200
Angleton, TX 77515**

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