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MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: Coleman County Clerk For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Table with 4 columns: Type, Cost X, # of copies=, Total. Row 1: Certified Copy, \$23, [blank], [blank]. Row 2: [blank], [blank], [blank], [blank]. Row 3: [blank], [blank], [blank], [blank]. Row 4: [blank], [blank], [blank], [blank]. Row 5: [blank], [blank], [blank], [blank]. Row 6: [blank], [blank], [blank], [blank]. Row 7: [blank], [blank], [blank], [blank]. Row 8: [blank], [blank], [blank], [blank]. Row 9: [blank], [blank], [blank], [blank]. Row 10: [blank], [blank], [blank], [blank]. Row 11: [blank], [blank], [blank], [blank]. Row 12: [blank], [blank], [blank], [blank]. Row 13: [blank], [blank], [blank], [blank]. Row 14: [blank], [blank], [blank], [blank]. Row 15: [blank], [blank], [blank], [blank]. Row 16: [blank], [blank], [blank], [blank]. Row 17: [blank], [blank], [blank], [blank]. Row 18: [blank], [blank], [blank], [blank]. Row 19: [blank], [blank], [blank], [blank]. Row 20: [blank], [blank], [blank], [blank]. Row 21: [blank], [blank], [blank], [blank]. Row 22: [blank], [blank], [blank], [blank]. Row 23: [blank], [blank], [blank], [blank]. Row 24: [blank], [blank], [blank], [blank]. Row 25: [blank], [blank], [blank], [blank]. Row 26: [blank], [blank], [blank], [blank]. Row 27: [blank], [blank], [blank], [blank]. Row 28: [blank], [blank], [blank], [blank]. Row 29: [blank], [blank], [blank], [blank]. Row 30: [blank], [blank], [blank], [blank]. Row 31: [blank], [blank], [blank], [blank]. Row 32: [blank], [blank], [blank], [blank]. Row 33: [blank], [blank], [blank], [blank]. Row 34: [blank], [blank], [blank], [blank]. Row 35: [blank], [blank], [blank], [blank]. Row 36: [blank], [blank], [blank], [blank]. Row 37: [blank], [blank], [blank], [blank]. Row 38: [blank], [blank], [blank], [blank]. Row 39: [blank], [blank], [blank], [blank]. Row 40: [blank], [blank], [blank], [blank]. Row 41: [blank], [blank], [blank], [blank]. Row 42: [blank], [blank], [blank], [blank]. Row 43: [blank], [blank], [blank], [blank]. Row 44: [blank], [blank], [blank], [blank]. Row 45: [blank], [blank], [blank], [blank]. Row 46: [blank], [blank], [blank], [blank]. Row 47: [blank], [blank], [blank], [blank]. Row 48: [blank], [blank], [blank], [blank]. Row 49: [blank], [blank], [blank], [blank]. Row 50: [blank], [blank], [blank], [blank]. Row 51: [blank], [blank], [blank], [blank]. Row 52: [blank], [blank], [blank], [blank]. Row 53: [blank], [blank], [blank], [blank]. Row 54: [blank], [blank], [blank], [blank]. Row 55: [blank], [blank], [blank], [blank]. Row 56: [blank], [blank], [blank], [blank]. Row 57: [blank], [blank], [blank], [blank]. Row 58: [blank], [blank], [blank], [blank]. Row 59: [blank], [blank], [blank], [blank]. Row 60: [blank], [blank], [blank], [blank]. Row 61: [blank], [blank], [blank], [blank]. Row 62: [blank], [blank], [blank], [blank]. Row 63: [blank], [blank], [blank], [blank]. Row 64: [blank], [blank], [blank], [blank]. Row 65: [blank], [blank], [blank], [blank]. Row 66: [blank], [blank], [blank], [blank]. Row 67: [blank], [blank], [blank], [blank]. Row 68: [blank], [blank], [blank], [blank]. Row 69: [blank], [blank], [blank], [blank]. Row 70: [blank], [blank], [blank], [blank]. Row 71: [blank], [blank], [blank], [blank]. Row 72: [blank], [blank], [blank], [blank]. Row 73: [blank], [blank], [blank], [blank]. Row 74: [blank], [blank], [blank], [blank]. Row 75: [blank], [blank], [blank], [blank]. Row 76: [blank], [blank], [blank], [blank]. Row 77: [blank], [blank], [blank], [blank]. Row 78: [blank], [blank], [blank], [blank]. Row 79: [blank], [blank], [blank], [blank]. Row 80: [blank], [blank], [blank], [blank]. Row 81: [blank], [blank], [blank], [blank]. Row 82: [blank], [blank], [blank], [blank]. Row 83: [blank], [blank], [blank], [blank]. Row 84: [blank], [blank], [blank], [blank]. Row 85: [blank], [blank], [blank], [blank]. Row 86: [blank], [blank], [blank], [blank]. Row 87: [blank], [blank], [blank], [blank]. Row 88: [blank], [blank], [blank], [blank]. Row 89: [blank], [blank], [blank], [blank]. Row 90: [blank], [blank], [blank], [blank]. Row 91: [blank], [blank], [blank], [blank]. Row 92: [blank], [blank], [blank], [blank]. Row 93: [blank], [blank], [blank], [blank]. Row 94: [blank], [blank], [blank], [blank]. Row 95: [blank], [blank], [blank], [blank]. Row 96: [blank], [blank], [blank], [blank]. Row 97: [blank], [blank], [blank], [blank]. Row 98: [blank], [blank], [blank], [blank]. Row 99: [blank], [blank], [blank], [blank]. Row 100: [blank], [blank], [blank], [blank].

Table with 4 columns: Type, Cost X, # of copies=, Total. Row 1: Certified Copy (1 copy), \$21, [blank], [blank]. Row 2: Additional Copies, \$4, [blank], [blank]. Row 3: [blank], [blank], [blank], [blank]. Row 4: [blank], [blank], [blank], [blank]. Row 5: [blank], [blank], [blank], [blank]. Row 6: [blank], [blank], [blank], [blank]. Row 7: [blank], [blank], [blank], [blank]. Row 8: [blank], [blank], [blank], [blank]. Row 9: [blank], [blank], [blank], [blank]. Row 10: [blank], [blank], [blank], [blank]. Row 11: [blank], [blank], [blank], [blank]. Row 12: [blank], [blank], [blank], [blank]. Row 13: [blank], [blank], [blank], [blank]. Row 14: [blank], [blank], [blank], [blank]. Row 15: [blank], [blank], [blank], [blank]. Row 16: [blank], [blank], [blank], [blank]. Row 17: [blank], [blank], [blank], [blank]. Row 18: [blank], [blank], [blank], [blank]. Row 19: [blank], [blank], [blank], [blank]. Row 20: [blank], [blank], [blank], [blank]. Row 21: [blank], [blank], [blank], [blank]. Row 22: [blank], [blank], [blank], [blank]. Row 23: [blank], [blank], [blank], [blank]. Row 24: [blank], [blank], [blank], [blank]. Row 25: [blank], [blank], [blank], [blank]. Row 26: [blank], [blank], [blank], [blank]. Row 27: [blank], [blank], [blank], [blank]. Row 28: [blank], [blank], [blank], [blank]. Row 29: [blank], [blank], [blank], [blank]. Row 30: [blank], [blank], [blank], [blank]. Row 31: [blank], [blank], [blank], [blank]. Row 32: [blank], [blank], [blank], [blank]. Row 33: [blank], [blank], [blank], [blank]. Row 34: [blank], [blank], [blank], [blank]. Row 35: [blank], [blank], [blank], [blank]. Row 36: [blank], [blank], [blank], [blank]. Row 37: [blank], [blank], [blank], [blank]. Row 38: [blank], [blank], [blank], [blank]. Row 39: [blank], [blank], [blank], [blank]. Row 40: [blank], [blank], [blank], [blank]. Row 41: [blank], [blank], [blank], [blank]. Row 42: [blank], [blank], [blank], [blank]. Row 43: [blank], [blank], [blank], [blank]. Row 44: [blank], [blank], [blank], [blank]. Row 45: [blank], [blank], [blank], [blank]. Row 46: [blank], [blank], [blank], [blank]. Row 47: [blank], [blank], [blank], [blank]. Row 48: [blank], [blank], [blank], [blank]. Row 49: [blank], [blank], [blank], [blank]. Row 50: [blank], [blank], [blank], [blank]. Row 51: [blank], [blank], [blank], [blank]. Row 52: [blank], [blank], [blank], [blank]. Row 53: [blank], [blank], [blank], [blank]. Row 54: [blank], [blank], [blank], [blank]. Row 55: [blank], [blank], [blank], [blank]. Row 56: [blank], [blank], [blank], [blank]. Row 57: [blank], [blank], [blank], [blank]. Row 58: [blank], [blank], [blank], [blank]. Row 59: [blank], [blank], [blank], [blank]. Row 60: [blank], [blank], [blank], [blank]. Row 61: [blank], [blank], [blank], [blank]. Row 62: [blank], [blank], [blank], [blank]. Row 63: [blank], [blank], [blank], [blank]. Row 64: [blank], [blank], [blank], [blank]. Row 65: [blank], [blank], [blank], [blank]. Row 66: [blank], [blank], [blank], [blank]. Row 67: [blank], [blank], [blank], [blank]. Row 68: [blank], [blank], [blank], [blank]. Row 69: [blank], [blank], [blank], [blank]. Row 70: [blank], [blank], [blank], [blank]. Row 71: [blank], [blank], [blank], [blank]. Row 72: [blank], [blank], [blank], [blank]. Row 73: [blank], [blank], [blank], [blank]. Row 74: [blank], [blank], [blank], [blank]. Row 75: [blank], [blank], [blank], [blank]. Row 76: [blank], [blank], [blank], [blank]. Row 77: [blank], [blank], [blank], [blank]. Row 78: [blank], [blank], [blank], [blank]. Row 79: [blank], [blank], [blank], [blank]. Row 80: [blank], [blank], [blank], [blank]. Row 81: [blank], [blank], [blank], [blank]. Row 82: [blank], [blank], [blank], [blank]. Row 83: [blank], [blank], [blank], [blank]. Row 84: [blank], [blank], [blank], [blank]. Row 85: [blank], [blank], [blank], [blank]. Row 86: [blank], [blank], [blank], [blank]. Row 87: [blank], [blank], [blank], [blank]. Row 88: [blank], [blank], [blank], [blank]. Row 89: [blank], [blank], [blank], [blank]. Row 90: [blank], [blank], [blank], [blank]. Row 91: [blank], [blank], [blank], [blank]. Row 92: [blank], [blank], [blank], [blank]. Row 93: [blank], [blank], [blank], [blank]. Row 94: [blank], [blank], [blank], [blank]. Row 95: [blank], [blank], [blank], [blank]. Row 96: [blank], [blank], [blank], [blank]. Row 97: [blank], [blank], [blank], [blank]. Row 98: [blank], [blank], [blank], [blank]. Row 99: [blank], [blank], [blank], [blank]. Row 100: [blank], [blank], [blank], [blank].

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.

BIRTH/DEATH RECORD INFORMATION

Table with 4 columns: Full Name of Person on Record, Date of Birth/Death, Place of Birth/Death, Full Name of Parent 1, Full Name of Parent 2. Sub-headers: First Name, Middle Name, Last Name, Month, Day, Year, Sex, City or Town, County, State, First Name, Middle Name, Maiden Name/Last Name.

REQUESTOR INFORMATION

Table with 3 columns: Requestor Name, Telephone #, Email Address. Sub-headers: Full Mailing 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.

Table with 3 columns: Name of Person Receiving Copies, Mailing Address for Copies, 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)

Your Signature _____ Date of Application _____

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: Coleman County Clerk, 100 Liveoak Street, Suite 105, Coleman, TX 76834

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

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This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

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 _____ 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_____.	
<i>(Seal)</i>	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)

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Coleman, TX 76834

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