

SHERRY DOWD
Navarro County Clerk
P.O. Box 423, 300 W. Third, Suite #101
Corsicana, Texas 75110
Tel: (903) 654-3035
Fax: (903) 875-3988

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE
(Aplicacion para registro de nacimiento)

<p style="text-align: center;">Birth Certificate</p> <p>_____ # Requested @ \$23.00 Each</p> <p>Birth Form# _____ State Form # _____</p> <p>Vol _____ Page _____ Registrar # _____</p> <p>Deputy _____</p>	<p style="text-align: center;">Death Certificate</p> <p>_____ First Copy @ \$21.00 _____ Additional @ \$4.00</p> <p>Death Form # _____ State Form # _____</p> <p>Vol _____ Page _____ Registrar # _____</p> <p>Deputy _____</p>
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PLEASE PRINT

1. Full Name of Person on Record <input type="text"/> (Nombre registrado)	First Name (Primero)	Middle Name (Segundo)	Last Name (Apellido)
2. Date of Birth or Death (Fecha De Nacimiento/fallecimiento) <input type="text"/>	Month (Mes)	Day (Dias)	Year (Año)
3. Place of Birth or Death (Lugar De Nacimiento/fallecimiento) <input type="text"/>	City or Town (Ciudad)	County(Condado)	State(Estado)
4. Full Name of Father (Nombre del Padre) <input type="text"/>	First Name (Primero)	Middle Name (segundo nombre)	Last Name (Apellido)
5. Full MAIDEN NAME Name of Mother (Nombre de la Madre) <input type="text"/>	First Name (Primero)	Middle Name (segundo nombre)	MAIDEN LAST NAME (Apellido de soltera)

6. Applicant's Name _____ 7. Telephone# () _____
(Su Nombre) (No. de Telefono)

8. Mailing Address _____
(Direccion de envio) Street Address (No. Calle) City (Ciudad) State (Estado) Zip (Codigo)

9. Relationship to Person on Certificate _____
(Su relacion a la persona registrado)

10. Purpose for Obtaining This Certificate _____
(Su Proposito para obtener el registro)

Signature of Applicant _____ Date (Fecha) _____
Firma del solicitante

Identification Type and Number _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000 (HEALTH & SAFETY CODE CHAP. 678, SEC. 195.003)
ADVERTENCIA: LA PENA POR HACER ALGUNA FALSA DECLARACION EN ESTA FORMA PUEDE SER DE 2-10 AÑOS EN PRISION Y UNA MULTA HASTA \$10,000. EN ACUERDO CON (CODIGO DE SALUD Y SEGURIDAD, CAPITULO 678, SECCION 195.003)

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 of 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.
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Before me on this day appeared _____ <small>(Name)</small></p> <p>now residing at _____ <small>(Address) (City) (State)</small></p> <p>who is related to the person named on Part I as _____ and who on oath deposes and says <small>(Relationship)</small></p> <p>that the contents of this affidavit are true and correct.</p> <p style="text-align: right;">Signature _____</p> <p>Sworn to and subscribed before me, this _____ day of _____ 20_____.</p>

(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:

NAVARRO COUNTY CLERK

P.O. BOX 423

CORSICANA, TX 75151

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