

DATE RECEIVED _____

CERT #'S _____

LOCAL FILE # _____ CLERK _____

NACOGDOCHES COUNTY CLERK'S OFFICE CERTIFICATE

101 W MAIN, SUITE 110, NACOGDOCHES, TX, 75961

NACOGDOCHES COUNTY MAIL IN APPLICATION FOR BIRTH OR DEATH CERTIFICATE

BIRTH CERTIFICATES			DEATH CERTIFICATES		
\$23.00 ea.	# of copies _____	Total _____	1 st \$21.00 _____	\$4.00 additional # _____	Total _____

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. YES OR NO

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
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 II)

Applicant Name	Telephone #	Email Address
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.		
Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN THE PRESENCE OF A NOTARY (PART III))

STATE OF _____ COUNTY OF _____

Before me on this day appeared _____

Now residing at _____
(Address) (City) (State)

who is related to the person named on Part I as her/his _____ 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____

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT!

PENALTY COULD BY 2 – 10 YEARS IMPRISONMENT! PLEASE INCLUDE A COPY OF YOUR VALID ID WITH YOUR MONEY ORDER OR CASHIER'S CHECK TO: NACOGDOCHES COUNTY CLERK, 101 W MAIN, SUITE 110, NACOGDOCHES, TX, 75961.

WE DO NOT TAKE OUT OF COUNTY CHECKS!