Office of Vital Records Delta County Clerk

Doc#_		
SFN#		

200 W. Dallas Ave, Cooper, TX 75432 Phone (903)-395-4400 / Fax (903) 395-4260 www.deltaclerk@deltacountytx.com.com



BIRTH Certificates \$23.00 EACH

SHORT FORM

LONG FORM

(Remote Birth Site)
For most <u>Texas</u> births.

Total #
of Copies:

For **Delta** births only.

Total # of Copies: _____

Certified vital records can be issued to the registrant or a member of the immediate family (parents, grandparents, legal guardian, spouses, siblings or children of the registrant), or to other persons with a legal and tangible interest in the record (must be established by providing sufficient documents to establish the need).

DEATH Certificates

For **Delta** deaths only.

First Copy \$22.00 Extra copies of death certificates \$4.00

Total # of Copies:

	-	ODEC CO	00 17 4	~**
PROTECTIVE	HINVHI	OPES \$2	00 EA	CH

Total #

]	PERSON ON TH	HE BIRTH <mark>or</mark> DE <i>A</i>	ATH CERTIFICATE		
Name on Record	d:				
	FIRST	MIDDLE	LAST NAME(S)		
Date of Birth:		Place of Birth:	Gondor		
OR Death: -	MONTH/DAY/YEAR	— OR Death:	Gender M / F		
Parent #1:		MIDDLE			
	FIRST	MIDDLE	LAST NAME(S) PRIOR TO MARRIAGE		
Parent #2·					
1 W CH 112.	FIRST	MIDDLE	LAST NAME(S) PRIOR TO MARRIAGE		
	PERSON A	APPLYING FOR C	CERTIFICATE		
Your full			Your relationship to person		
v		Your relationship to person named on the certificate:			
	 				
Your current add	dress:				
		STREET ADDRESS	CITY, STATE, ZIP		
Daytime phone number: Email:					
Reason for your purchase of the certificate: ☐ NEWBORN RECORDS ☐ DRIVER LICENSE/IDENTIFICATION					
☐ PASSPORT	☐ PERSONAL F	RECORDS			
Your signature:			CURRENT GOVERNMENT-ISSUED		
To don. ' 1			IDENTIFICATION IS REQUIRED ON <u>ALL</u> REQUESTS		
10aay's date: _			ON ALL REQUESTS		
THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 TO 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (Health and Safety Code, Chapter 195, Sec 195.003)					
	F	OR OFFICE USE	ONLY REV 08/2018		
Clerk			Payment Information:		
Deputy			_ i ayment information.		
Clerk					

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 A	ND 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					
now residing at					
(Address) (City)	(State)				
who is related to the person named in Part I as and who on oath deposes (relationship)					
and says that the contents of this affidavit are true and correct.					

WARNING: IT 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)

Sworn to and subscribed before me, this _____ day of ___

(Please place notary stamp in space below)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

DELTA COUNTY CLERK VITAL RECORDS 200 W. DALLAS AVE COOPER, TX 75432

Signature _

Signature of Notary Public

Commission Expires

Street Address

City, State and Zip

Typed or Printed Name

20

(Signature of Applicant)

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