

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

**ADRIAN LAWSON
MADISON COUNTY CLERK**

103 W. Trinity, Suite 104, Madisonville, Texas 77864
Phone 936-241-6210

BIRTH - \$ 23.00 Each

Enter number requested:

_____ Long Form (Madison County Births only)

_____ Short Form (State of Texas Births)

DEATH

Enter number requested:

_____ \$ 21.00 First Certified Copy

_____ \$ 4.00 each additional copy ordered at this time

Payment accepted by Cash, Credit Card, or Money Order payable to Madison County Clerk

() 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 the Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part 1)

Full Name of Person on record: _____
First Middle Last name at Birth /Death

Gender (M/F) _____ Date of Birth or Death: _____ County of Birth or Death _____
(Circle One) (Circle One)

Parent 1: _____
First Middle Maiden Name/Last Name

Parent 2: _____
First Middle Maiden Name/Last Name

Purpose for Obtaining the Certificate: _____

APPLICANT INFORMATION (Part 2)

Applicant's Name: _____ Telephone# _____

Email Address: _____ Relationship to Registrant: _____

Applicant's Mailing Address: _____
Number & Street City State Zip

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage, or adoption, his or her Legal Guardian, his or her legal agent or representative. **Applicant must provide VALID photo identification** at the time application is made for a birth/death certificate. Additional proof may be requested at the discretion of the clerk.

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)

Signature of Applicant

Date

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED.

Signed by:

MAIL APPLICANT is required to attach Affidavit of Personal Knowledge signed in the presence of a Notary Public, page 2. Application will not be processed without ID and acknowledgment, and a self-addressed, stamped envelope for return of the certified copy. **Payment accepted by mail Money Order, or Cashier's Check payable to Madison County Clerk.**

OFFICE USE ONLY:

Local Certificate Recorded _____ Volume _____ Page _____ Date Issued _____

Birth Application TVS Cert. # _____ Deputy Initials _____

AFFIDAVIT OF PERSONAL KNOWLEDGE (PART 3)

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF TEXAS

COUNTY OF _____

Before me on this day appeared _____ now residing at
(Applicant's Name)

(Address)

(City)

(State)

(Zip)

who is related to the person named in Part 1 as _____ and who on oath
deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

This instrument was acknowledged before me on _____ day of _____, 20_____

By _____
Printed Name of Applicant Acknowledging

Notary Public's Signature

(Seal)