

Warning: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000 (Health & Safety code, Chapter 195, Sec 195.00)

Date Issued _____

Confirmation Number _____

BIRTH CERTIFICATE REQUEST

\$23 PER COPY



DEATH CERTIFICATE REQUEST

\$21 FIRST COPY
\$4 FOR EACH ADDITIONAL

THE COUNTY OF HOWARD
Big Spring, Texas
79721 - 1468

MONEY ORDER	CASHIER CHECK	ONLINE PAYMENT
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1. Full name of person(s) on record: _____
2. Date Of Birth: _____ Death _____
3. Sex: _____ Born in _____ COUNTY, Texas
4. Full name of father: _____
5. Full MAIDEN name of mother: _____
6. Name of person requesting copy: _____
7. Address: _____ City/State: _____ Zip: _____
8. Telephone #: _____ Driver's License#: _____
9. Your relationship to the person named in #1 above: _____
10. Purpose for obtaining record: _____

PLEASE SEND AN ENLARGED VISIBLE PHOTO COPY OF YOUR I.D.

Your Signature _____ Date of Application: _____

Note: Applications without SIGNATURE, PHOTO ID, and/or the attached sworn statement WILL NOT be processed. (See second page for sworn statement application.) (See third page for online payment.)

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 _____ (Relationship) and who on oath deposes and	
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
	V _y

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:
Vital Statistic Records

Howard County Clerk's Office
P.O. Box 1468

Big Spring, TX 79721-1468

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

Instructions for Online Payments

www.officialpayments.com

Step 1: Click on Local Payments



LOCAL PAYMENTS

Real Estate Tax / Personal Property Tax
/ Utilities / Citations / Court Fees /
Other Local Payments

Make A Payment

Step 2: Fill out Information

Enter your jurisdiction code:

6180

OR

State or Territory:

Texas

Payment Entity:

Howard County Clerk

Payment Type:

Recordings

Cancel

Schedule Future Payments

Make A Payment

Step 3: Select the payment that suits you

*Payment Amount \$

 ,

Payment Options:



Debit Card



Debit Card



Credit Card



Back

Cancel

Continue

Step 4: Accept Terms and Conditions

Step 5: Continue as guest

Step 6: Fill in Payers Information

Step 7: Collect Confirmation Number, then write confirmation number on request sheet/letter ☺