

BRENT ZITTERKOPF
COUNTY CLERK
P.O. Box 1468
Big Spring, TX
79721-1468

Phone
432-264-2213
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432-264-2215

THE COUNTY OF HOWARD

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 _____

Certificate Number _____

CHECK THE BOX BESIDE WHICH CERTIFICATE YOU ARE REQUESTING

BIRTH CERTIFICATE REQUEST
\$23 PER COPY

DEATH CERTIFICATE REQUEST
\$21 FIRST COPY
\$4 FOR EACH ADDITIONAL COPY

MONEY ORDER CASHIER CHECK

1. Full BIRTH name of person 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.)

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 BIRTH OF PERSON ON RECORD	DATE 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 _____ and who on oath deposes (Relationship)	
and says that the contents of this affidavit are true and correct. Signature _____	
Sworn to and subscribed before me, this _____ day of _____ 20____.	
(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 VAILD PHOTO ID TO:

Vital Statistic Records
Howard County Clerk's Office
P.O. Box 1468
Big Spring, TX 79721-1468

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