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| **OFFICE USE ONLY** | Certificate #: | Clerk File #: |
| Number Issued: | By: | Date: |

**COUNTY CLERK OF BASTROP COUNTY, TEXAS**

**MAIL APPLICATION FOR BIRTH AND DEATH RECORDS**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.**

**Make Check or money order payable to: BASTROP COUNTY CLERK**

|  |  |
| --- | --- |
| **Birth Certificates** | **Death Certificates** |
| Type | Cost x | # of copies = | Total | Type | Cost x | # of copies = | Total |
| Certified Copy | $23 |  |  | Certified Copy | $21 | 1 |  |
|  | Additional Copies | $4 |  |  |
| **Total** |  | **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.**

|  |
| --- |
| **IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)** |
| Full Name ofPerson onRecord | First Name | Middle Name |  | Last Name |  |
| Date ofBirth/Death | Month |  | Day |  | Year |  |  | Sex |
| Place ofBirth/Death | City or Town | County |  |  |  | State |  |
| Full Name ofParent 1 | First Name | Middle Name |  | Maiden Name/Last Name |
| Full Name ofParent 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 of 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: Street Address |
| City |  | State |  |  |  |  |  | Zip |
| **AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)** |
| STATE OF COUNTY OF Before me on this day appeared (Applicant name)Now residing at (Street Address) (City) (State) (Zip)Who is related to the person names on Part I as and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)Applicant Signature Sworn to and subscribed before me, this day of , 20\_ . Signature of Notary Public and Notary ID Number (seal) Type or Printed Name: Commission Expires: Street Address: City, State, Zip:  |

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION O THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING 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 APPLICATION, PAYMENT AND A VALID PHOTO ID TO:**

**Bastrop County Clerk, P O Box 577 Bastrop Texas 78602**