



Elizabeth Perez
COUNTY CLERK

Falls County Courthouse
P. O Box 458 125 Bridge St Rm 202
Marlin, TX 76661

254-883-1408
254-883-2260 (fax)

APPLICATION FOR CERTIFIED COPIES OF BIRTH OR DEATH CERTIFICATES

Birth	\$22.00 per copy	# Requested	Total Due \$
Death	\$20.00 for the first copy, \$3.00 each additional copy	# Requested	Total Due \$

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. MAKE CHECK PAYABLE TO: FALLS COUNTY CLERK

Name on Record _____
First Middle Last

Date of Birth Death* ____/____/____ County of Birth Death* _____

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Last (Maiden)

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.

***ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATES ONLY**

Social Security Number of the Deceased _____ - _____ - _____
Birthdate: _____ Birthplace: _____

I authorize mailing to the address below . I have verified that the address below will receive my order.
APPLICATION INFORMATION (This information must be filled out completely.)

Name _____

Full Address _____
Street Address City State Zip

RELATIONSHIP TO THE PERSON NAMED: _____

PURPOSE FOR OBTAINING THIS RECORD _____

Telephone: (____) _____

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)

Your Signature _____ Date of Application _____

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO THE ADDRESS LISTED ABOVE.

If you include a self-addressed stamped envelope, the certificate will be placed in the mail the same day it is received.

A qualified applicant is defined as the registrant, or immediate family member either by blood or marriage, his or her guardian, or his or her legal representative.

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	FULLNAMEOF 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 and (Relationship)	
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'S 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:

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