



**Linda Watkins**  
**COUNTY CLERK**  
 Falls County Courthouse  
 P.O. Box 458  
 Marlin, TX 7666+  
 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

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ <span style="margin-left: 350px;">(Name)</span>	
now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span>	
who is related to the person named on Part I as _____ and who on oath deposes and <span style="margin-left: 250px;">(Relationship)</span>	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<p>(Seal)</p>	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION. PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

FALLS COUNTY CLERK  
P.O. BOX 458  
MARLIN, TX 76661

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