



OFFICE OF ELIZABETH PEREZ
COUNTY CLERK, FALLS COUNTY TEXAS
P.O. BOX 458 MARLIN, TEXAS 76661
(254) 883-1408

Instructions for Completing the Application for a Certified Copy of Birth or Death Record

*****A VALID Copy of Driver's License/ID is REQUIRED for requested certificates*****

Requestors information

Give your current legal name and current contact information. The address used here will be the address we mail the record to.

Birth Certificate Information

Complete only if requesting a birth record.

Indicate how many copies you are requesting.

Give the complete information as is listed on the birth record.

Death Certificate Information

Complete only if requesting a death record.

Indicate how many copies you are requesting.

Give complete information as it is listed on the death record.

Sign and date application!

APPLICATIONS THAT ARE INCOMPLETE, DO NOT INCLUDE PAYMENT OR SUBMITTED WITHOUT SUFFICIENT IDENTIFICATION WILL NOT BE PROCESSED.

Completed applications may be submitted to any of the Falls County Clerk's locations in person or mailed to the following address:

Regular Mail:

Falls County Clerk
Attn: Personal Records
P.O. Box 458
Marlin, TX 76661

Priority Mail/Common or Contract Carrier:

Falls County Clerk
Attn: Personal Records
125 Bridge St., Room 202
Marlin, TX 76661

ALL MAILED APPLICATIONS MUST INCLUDE THE ATTACHED NOTARIZED PROOF OF IDENTIFICATION AND A COPY OF YOUR VALID PHOTO IDENTIFICATION.

CHECK/MONEY ORDER MADE PAYABLE TO: FALLS COUNTY CLERK



**OFFICE OF ELIZABETH PEREZ
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APPLICATION FOR A CERTIFIED COPY OF BIRTH OR DEATH RECORD

Requestors' Information Please Print Legibly

First Name	Middle Name	Last Name
Phone Number	Identification Type	Identification Number
Mailing Address	Street	City State Zip Code

What is your relationship to the person on the birth/death record? (Circle One)
 Self Parent/Guardian Spouse Brother/Sister Grandparent Other: _____

What is the reason you are requesting this record? (Circle One)
 Driver's License/ID School Passport Other: _____

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Birth Certificate Information Certificate #: _____ # of copies requested: _____ \$22 per copy.

First Name	Middle Name	Last Name (Maiden Name)
City of Birth	County of Birth	State of Birth Date of Birth Gender
Mother/Parent 1 First Name	Middle Name	Maiden Last Name
Father/Parent 2 First Name	Middle Name	Last Name

Death Certificate Information Certificate #: _____ # of copies requested: _____ \$20/first copy \$3/additional copy.

First Name	Middle Name	Last Name at Time of Death
City/County of Death	Date of Death	Gender
Hospital Name/Facility Name/Complete Address of Place of Death		
Mother/Parent 1 First Name	Middle Name	Maiden Last Name
Father/Parent 2 First Name	Middle Name	Last Name
Date of Birth	Place of Birth (city and state or foreign country)	

Signature: _____ Date: _____

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:

**Office of Elizabeth Perez
 County Clerk, Falls County Texas
 P.O. Box 458
 Marlin, Texas 76661
 254-883-1408**

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



OFFICE OF ELIZABETH PEREZ
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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

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