

Jennifer Martin Ector County Clerk PO Box 707 Odessa TX 79760 432-498-4130

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

Money orders/Cashier's checks only

Birth Certificate		Death Certificate				
# Requested @ \$23.00		First Copy @ \$21.00 Additional @ \$4.00				
	Form # State Form # Page	Birth Form #State Form # VolPage Registrar #				
		_				
Бери	ity	Deputy				
WAR!	VING: The penalty for knowingly making a false state:	ment on this form can be 2-10 years in prison and a fine of				
up to \$	up to \$10,000.00 (Health & Safety Code 195.003)					
<u>Pleas</u>	ase Print: Information Found on Birth/Death Certificate					
1.	Full Name on Record: (first, middle, last)					
2.	Date of Birth/Death					
3.	Place of Birth/Death (City, County)					
4.	Parent 1 Full Name:	Maiden/Birth Last Name				
5.	Parent 2 Full Name:	Maiden/Birth Last Name				
	Information abo	ut Applicant				
6.	Applicant's Full Name:					
7.	Applicant's Mailing Address:					
	City, State, Zip Code					
8.	Telephone Number: 9.	Email Address				
10.	Applicant's Relationship to Person Named in #1:					
11.	Purpose for Obtaining Record:					
	I wish to make a \$5 donation for the Texas Home Visiting	Program for healthy early childhood				
	ature of Applicant OF APPLICANT'S PHOTO ID IS REQUIRED)	Today's Date				

For applications that are sent by mail:

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)	(Chata)					
(Address) (City)	(State)					
who is related to the person named in 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 (Please place notary stamp in space below)						
	Signature of Notary Public					
<u>Matricula</u> card is not an acceptable form of identification.	Commission Expires					
	Typed or Printed Name					
	Street Address					
	City, State and Zip					

WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

ECTOR COUNTY CLERK VITAL RECORDS PO BOX 707 ODESSA TX 79760