

OFFICE USE ONLY	Certificate #:	Clerk File #:
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**COUNTY CLERK OF BURNET 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: BURNET COUNTY CLERK**

<input type="checkbox"/> Birth Certificates				<input type="checkbox"/> 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 of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year Sex
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 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 _____

(seal)

Sworn to and subscribed before me, this _____ day of _____, 20____.

Signature of Notary Public and Notary ID Number _____

Type or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON 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:
Burnet County Clerk, 220 S. Pierce Street, Burnet, Texas 78611**