

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

Check the appropriate box for either a Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH**

Check or Money order made payable to: Jasper County Clerk

Item 1. Name of Record (State the FULL NAME of person shown on the record being requested)

Item 2. Date of Event: (the Date of birth or death) Give the exact date of the birth or date of death (If you do not know the exact date of death, please give approximate year of death)

Item 3. Sex (Enter Male or Female)

Item 4. Place of Event (State the name of city or county in which the birth or death occurred)

Item 5. Father's Name (Give the full name of the father of the person shown on the record)

Item 6. Mother's Name (Give the full MAIDEN name of the mother of the person shown on the record)

Item 7. Applicant's Name (Give YOUR full name)

Item 8. Telephone Number (Give us a telephone number with area code where you can be reached between the hours of 8:00 am and 4:30 pm Central time on Monday through Friday)

Item 9. Mailing address (Give us your complete current mailing address)

Item 10. Relationship to person named on record (You must be immediate family)

Item 11. Purpose for obtaining this record (State the reason or purpose for which you are requesting this record)

SIGN AND HAVE NOTARIZED THE PROOF OF IDENTIFICATION

ENCLOSE A PHOTOCOPY OF YOUR STATE ISSUED ID OR D/L .

MAIL TO ADDRESS AT TOP OF THE APPLICATION FORM WITH THE CORRECT FEE(S).

OFFICE OF HOLLY THOMAS
COUNTY CLERK, JASPER COUNTY, TEXAS
P O BOX 2070 JASPER TX 75951
409/384-2632 409/384-7198 (FAX)
holly.thomas@co.jasper.tx.us

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE OR DEATH CERTIFICATE

BIRTH _____ #requested @ \$23.00 each	DEATH _____ certified copy @ \$21.00 _____ additional copies @\$4.00
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OPTIONAL DONATION TO PROMOTE HEALTHY EARLY CHILDHOOD-TEXAS HOME VISITING PROGRAM \$5.00

PLEASE PRINT

See Reverse Side for Instructions

1 Full Name of Person On Record	First Name	Middle Name	Last Name
2 Date of Birth or Death	Month	Day	Year
3 Sex	Male or Female		
4 Place of Birth or Death	City	County	State TEXAS
5 Full Name of Father	First Name	Middle Name	Last Name
6 Full Name of Mother	First Name	Middle Name	Maiden Name

7 Your (Applicant's) Name _____ **8 Telephone #** _____

9 Mailing Address _____
Street Address City State Zip

10 Relationship to Person Named in Item No 1: _____

11 Purpose For Obtaining The Record: _____

**WE CANNOT ISSUE BIRTH CERTIFICATE FOR PASSPORTS UNLESS
YOU WERE BORN IN JASPER COUNTY**

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND FINE OF UP TO \$10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, CHAPTER 195.003)

YOU MUST PROVIDE COPY OF STATE ISSUED D/L OR ID CARD

12 Signature of Applicant: _____ **Date** _____

Birth records are confidential for 75 years and death records for 25 years, therefore, issuance is restricted. Administrative rules require that on restricted records, all information must be provided in order to issue record.

OFFICE USE ONLY

File # _____ Certificate # _____ Rec# _____

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 _____ 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 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)

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