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| OFFICE USE ONLY | |
| Cert# _____ | |
| DOCUMENT CONTROL# | |
| By _____ | |

MELODY APPLETON
 SCURRY COUNTY CLERK
 1806 25TH ST. STE 300
 325-573-5332
 MAIL APPLICATION FOR
 BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST.
 Make money orders payable to: Scurry County Clerk for any search of the files where a record is not found, the searching fee is not refundable or transferable.

| Birth Certificates | | | |
|--------------------|---------|------|-------|
| Type | CostX | # of | Total |
| Certified Copy | \$23.00 | | |
| Total | | | |

| Death Certificates | | | |
|-------------------------|---------|--------------|-------|
| Type | CostX | # of copies* | Total |
| Certified Copy (1 copy) | \$21.00 | | |
| Additional Copies | \$4.00 | | |
| Total | | | |

D 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.

BIRTH/DEATH RECORD INFORMATION

| | | | |
|-------------------------------|--------------|-------------|-----------------------|
| 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 |

REQUESTOR INFORMATION

| | | |
|-------------------------------------|------------------------------------|----------------|
| Requester Name | Telephone# | Email Address |
| Full Mailing Address | Street Address | City State Zip |
| Relationship to person listed above | Purpose for obtaining this record: | |

D 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 Requester |
| Mailing Address for Copies, if Different from Requester |
| City State 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)

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:

MELODY APPLETON
 1806 25TH ST. STE 300
 SNYDER, TEXAS 79549

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

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_____. | |
| (Seal) | Signature of Notary Public |
| | Commission Expires |
| | Typed or Printed Name |
| | Street Address |
| | City, State and Zip |

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