



County & District Clerk, Borden County
 Box 124 • Phone (806) 756-4312
 Gail, Texas 79738



APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH

DEATH

REQUESTED _____

REQUESTED _____

_____ CERTIFIED COPY X \$23.00 = _____
 _____ TOTAL ENCLOSED = _____

PLEASE PRINT

_____ CERTIFIED COPY X \$21.00 = _____
 _____ EXTRA COPIES X \$4.00 = _____
 _____ TOTAL ENCLOSED = _____

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
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 for obtaining this record:	
<input type="checkbox"/> 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		
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 _____ (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.
 The applicant presented the following type and number of identification: _____
 Applicant Signature _____
 Sworn to and subscribed before me, this ____ day of ____, 20____.
 Signature of Notary Public and Notary ID Number _____
 Typed 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 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.)

PLEASE PRINT, INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN YOUR REQUEST. MAKE CHECK PAYABLE TO: BORDEN COUNTY CLERK
 MAIL APPLICATION AND PHOTOCOPY OF YOUR VALID ID TO:
 BORDEN COUNTY CLERK
 PO BOX 124
 GAIL, TX 79738