

MAIL THIS APPLICATION INCLUDING:

1. PAYMENT:  
Money Order or Cashiers Check.  
Made Payable to El Paso County Clerk

2. A COPY OF A VALID PHOTO ID

Mailing Address:  
El Paso County Clerk  
Attn: Vitals Division  
500 E. San Antonio Ste. 105  
El Paso TX, 79901



**DELIA BRIONES**  
**COUNTY CLERK**  
500 E. San Antonio Suite 105  
El Paso, Texas 79901  
(915)546-2071

OFFICE USE ONLY:

Date issued \_\_\_\_\_  
Type of I. D. \_\_\_\_\_  
Series# \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Clerk Initials \_\_\_\_\_

## BIRTH OR DEATH CERTIFICATE MAIL APPLICATION

### BIRTH CERTIFICATE

HOW MANY? \_\_\_\_\_

\$23.00 Birth Certificate Fee

RECORD INFO:

First Name	Middle Name	Last Name	
Date of Birth	City of Birth	County	State
Father's First Name	Middle Name	Last Name	
Mother's First Name	Middle Name	Maiden Name	

### DEATH CERTIFICATE

HOW MANY? \_\_\_\_\_

\$21.00 Death Certificate Fee  
\$ 4.00 Each Additional Copy

RECORD INFO:

First Name	Middle Name	Last Name	
Date of Death	City of Death	County	State
Father's First Name	Middle Name	Last Name	
Mother's First Name	Middle Name	Maiden Name	

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.

What is your relationship to the person on the record? \_\_\_\_\_

State your reason for obtaining certificate (PLEASE BE SPECIFIC): \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

### SWORN STATEMENT / AFFIDAVIT OF PERSONAL KNOWLEDGE

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_  
(Applicant name)

now residing at \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

who is related to the person named on Part I as \_\_\_\_\_ and who on oath deposes and says that the contents of this affidavit are true and correct.  
(Relationship)

The applicant presented the following type and number of identification: \_\_\_\_\_

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: \_\_\_\_\_

(Seal)