

OFFICE USE ONLY



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Remit No
By ZZ 708-153

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make money orders/cashiers checks payable to: El Paso County Clerk (Personal Checks NOT ACCEPTED). All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Table with columns for Birth Certificates and Death Certificates, including Type, Cost X, # of copies, and 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) - Fields for Full Name of Person on Record, Date of Birth/Death, Place of Birth/Death, Full Name of Parent 1, Full Name of Parent 2.

APPLICANT INFORMATION (Part II) - Fields for Applicant Name, Telephone #, Email Address, Full Mailing Address, Relationship to person listed above, Purpose for 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; 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, now residing at, who is related to the person named on Part I as, The applicant presented the following type and number of identification, Applicant Signature, Sworn to and subscribed before me, 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.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO: El Paso County Clerk 500 E. San Antonio Rm. 105 El Paso, Texas 79901