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
915-273-3532

OFFICE USE ONLY:

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

BIRTH OR DEATH CERTIFICATE MAIL APPLICATION

BIRTH CERTIFICATE

RECORD INFO:

HOW MANY? _____ **$23.00 Birth Certificate Fee**

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

RECORD INFO:

HOW MANY? _____ **$21.00 Death Certificate Fee**
$ 4.00 Each Additional Copy

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_____

(Seal)

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.