

* A photo copy of your drivers license or a Texas ID card must accompany this application.

THE OFFICE OF WANDA BURKE
ANDERSON COUNTY CLERK
500 N CHURCH ST - RM 10
PALESTINE, TX 75801
Phone: (903) 723-7432

We only accept cash, cashier's check or money-orders for payment of certified copies.

APPLICATION FOR BIRTH OR DEATH RECORD

PLEASE PRINT

() Birth () Death

1. Full Name of Person on Record	<u>First Name:</u>	<u>Middle Name:</u>	<u>Last Name:</u>	
2. Date of Birth or Death	<u>Month:</u>	<u>Day:</u>	<u>Year:</u>	3. Sex: () Male () Female
4. Place of Birth or Death	<u>City or Town:</u>	<u>County:</u>	<u>State:</u>	
5. Full Name of Father	<u>First Name:</u>	<u>Middle Name:</u>	<u>Last Name:</u>	
6. Full Maiden Name of Mother	<u>First Name:</u>	<u>Middle Name:</u>	<u>Last Name:</u>	

Applicants Name _____
First Middle Last

Mailing Address _____ Telephone Number: _____

City _____ State _____ Zipcode _____

Relationship to person named in Item 1 above _____

Purpose in obtaining this record _____

**If certified copy is to be mailed to some other person, please complete:*

Name _____ Street Address _____

City _____ State _____ Zipcode _____

The fee for conduction each search and issuing a certified copy of a Death certificate is \$21.00 for the first copy and \$4.00 for each additional copy, and \$22.00 for a Birth Certificate. IF THE RECORD IS FOUND, THIS FEE INCLUDES A CERTIFIED COPY. IF THE RECORD IS NOT FOUND, WE ARE REQUIRED TO CHARGE FOR THE SEARCH OF THE RECORD.

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.
(Vernon's Texas Health and Safety Code, Chapter 678, Sec. 195.003)

Signature of Applicant _____ Date _____

OFFICE USE ONLY				
Certificate No. _____	Volume _____	Page _____	Date _____	
No. Issued _____	By _____			
No. Reg. this Remit _____	Additional \$ _____	Yes/No _____		