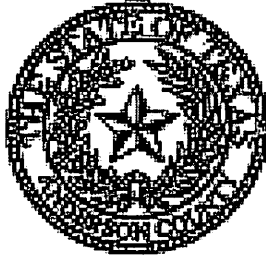


Application for certified copy of BIRTH or DEATH Certificate



Mark Staples
County Clerk
Anderson County Courts Building
500 North Church, Room 10
Palestine, TX 75801

ACCEPTABLE FORM OF PAYMENT: CASH, CHECK, MO, OR CREDIT.
PHOTOCOPY OF ID MUST BE SENT IF SUBMITTING
APPLICATION BY MAIL OR SUBMITTING IN PERSON.

Phone: 903-723-7402

INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL:

“NOTARIZED AFFIDAVIT of IDENTITY”, a photo copy of valid ID, and appropriate payment form

Must be included. All forms can be found at:

[www.co.anderson.tx.us/page/anderson County.Clerk](http://www.co.anderson.tx.us/page/anderson%20County.Clerk)

| | |
|--|--|
| <p><u>BIRTH</u></p> <p># OF CERTIFIED COPIES X\$23.00 (each)= _____</p> | <p>Office use only</p> <p>CERTIFICATE # _____</p> |
| <p><u>DEATH</u></p> <p>FIRST CERTIFIED COPY: \$21.00</p> <p># OF ADDITIONAL COPIES OF SAME RECORD X \$4.00 = \$ _____</p> <p>TOTAL ENCLOSED \$ _____</p> | <p><i>Espanol en la pagina siguiente</i></p> <p>Type of ID _____</p> <p>DOB ____/____/____</p> <p>Vol / Pg ____/____</p> |

| | | |
|--|--------|------------------------------------|
| Full birth Name of (Person on Record) | | |
| First | Middle | Last (Maiden) |
| Date of Birth or Death / / | | Sex : Male or Female |
| Place of Birth / Death City or Town : County : | | |
| Full Birth Name of Parent 1 | | |
| First | Middle | Last (Maiden) |
| Full Birth Name of Parent 2 | | |
| First | Middle | Last (Maiden) |
| Applicants Name: First Middle Last | | |
| Daytime Phone: () - | | Mailing Address: |
| Relationship to person on Birth or Death Application. | | Purpose for Obtaining this Record: |

Warning: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OF 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)

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 the Health and Human Services.

SIGNATURE OF APPLICANT _____ **DATE:** ____/____/____