

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE



Annette C. Stanley, County Clerk
 900 7th Street, RM 250
 Wichita Falls, TX 76301
 (940) 766-8127 – Vital Records

PLEASE INCLUDE A COPY OF YOUR VALID ID

Please Print (Imprima por favor)

Applicant's Information

| | | |
|---|---------------------|--------------------------|
| Phone Number (Número de teléfono) | | |
| Applicant Name (Nombre del solicitante) | | |
| Mailing Address (Domicilio) | | |
| City (Ciudad) | State (Estado) | Zip Code (Código postal) |
| E-mail Address (if being mailed) (Su correo electrónico, si lo manda por correo) | | |
| Reason Certificate Required (Razón del porque necesita obtener el certificado) | | |
| Applicant's relationship to person named on certificate (La relación de candidatos a la persona llamada en el certificado) | | |
| Applicant Signature (Firma) | Date Signed (Fecha) | |

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION.

Lea todas las instrucciones con cuidado antes de llenar esta forma.

- **Please call to verify that the certificate is located in the County Clerk's Office before completing application.** If the person was born or passed away **inside Wichita Falls city limits**, the certificate will be located at the **City of Wichita Falls Health Department**. Their phone number is **(940) 761-7802**.
- If any part of the application is left blank, it will be returned. Si alguna parte de la aplicación se deja blanco, será regresado.
- Any time a search for a certificate is conducted and it is not found a **"SEARCH FEE"** (\$23 for birth & \$21 for death) will be charged. (Pursuant to Texas Statutes, Health and Safety Code 191.0045.) Search fees are not refundable or transferable. La ley estatal requiere que cuando se busca un certificado y no se encuentra, un "cargo de búsqueda", equivalente al costo de certificado sea cobrado. El cargo no será devuelto y no es transferible.
- If mailed, a legible copy of requester's photo ID and #10 (letter sized) self-addressed, stamped envelope **MUST** be included. **MONEY ORDER OR CASHIER'S CHECKS ONLY. NO PERSONAL CHECKS ACCEPTED!!** Si lo manda por correo incluya una copia legible de la identificación del solicitante, también tiene que incluya un sobre consu domicilio escrito y con una estampilla. Orden de dinero o cheques de caja única no se aceptan cheques personales.

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.

Signature indicates you have read and accept this form
 La firma indica que usted ha leído y que ha aceptado esta forma

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 195.003)
ADVERTENCIA: La pena por hacer alguna declaración falsa en esta forma puede ser de 2-10 años en prisión y una multa hasta \$10,000. En acuerdo con Health and Safety Code, Chapter 195, Sec. 195.003.

BIRTH (NACIMIENTO)

| | | | | |
|---|--|--------------------------------------|---------------------------------|--|
| First Name (Primer Nombre) | | Middle Name (Segundo Nombre) | Last Name (Apellido) | Long Form Only (Solo formato largo) \$23.00 X # of copies _____ |
| Date of Birth (Fecha de nacimiento) | | City of Birth (Ciudad de nacimiento) | | |
| Father's First Name (Primer nombre del Padre) | | Middle Name (Segundo Nombre) | Last Name (Apellido) | |
| Mother's First Name (Primer Nombre de madre) | | Middle Name (Segundo Nombre) | Maiden Name (Apellido de madre) | |

DEATH (DEFUNCION)

| | | | | |
|--|---------------------------------------|--|---------------------------------|--|
| First Name of Deceased (Primer Nombre del Difunto) | | Middle Name (Segundo Nombre) | Last Name (Apellido) | |
| Date of Death (Fecha de defunción) | Place of Death (Lugar donde falleció) | Certified Copy (Copia Certificada) \$21.00 (1) | Total # of copies _____ | |
| Father's First Name (Primer Nombre del Padre) | | Middle Name (Segundo Nombre) | Last Name (Apellido) | |
| Mother's First Name (Primer Nombre de madre) | | Middle Name (Segundo Nombre) | Maiden Name (Apellido de madre) | |

MAIL REQUEST TO:

Wichita County Clerk – Vital Records
 Attn: Vitals Clerk
 900 7th Street, Room 250
 Wichita Falls, TX 76301
 Email: bettye.hutson@co.wichita.tx.us
 (940) 766-8100 ext 8510
 (940) 716-8554 fax

OFFICE USE ONLY (SOLAMENTE PARA LA OFICINA)

| | |
|--------|------------------|
| Cert # | Vital Record # |
| Date | Clerk's Initials |

NOTARIZED PROOF OF IDENTIFICATION

| | | | |
|--|--|-----------------------|--|
| PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DATE, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE. | | | |
| FULL NAME OF PERSON ON RECORD | | DATE OF BIRTH/DATE | |
| PLACE OF BIRTH/DEATH (City or County) | | SEX | |
| FULL NAME OF PARENT 1 | | FULL NAME OF PARENT 2 | |

| | |
|---|---|
| PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED. | |
| NAME AND RELATIONSHIP TO PERSON ON RECORD | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
| | |

AFFIDAVIT OF PERSONAL KNOWLEDGE

| | |
|--|--|
| PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC | |
| STATE OF _____ | |
| COUNTY OF _____ | |
| Before me on this day appeared _____ (name) | |
| now residing at _____ (Address) (City) (State) | |
| who is related to the person named on Part I as _____ (Relationship) | |
| says that the contents of this affidavit are true and correct. | |
| Signature _____ | |
| Sworn to and subscribed before me, this ___ day of _____, 20__. | |

(Seal)

| | |
|--|----------------------------|
| | Signature of Notary Public |
| | Commission Expires |
| | Typed or Printed Name |
| | Street Address |
| | City, State and 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Wichita County Clerk
Attn: Vital Records
900 7th Street, RM 250
Wichita Falls, TX 76301

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)