

# APPLICATION FOR BIRTH AND DEATH RECORD

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO I.D. TO:



**LILA DEAKLE**  
 Parker County Clerk  
 1112 Santa Fe Drive  
 Weatherford, TX 76086

## BIRTH/DEATH INFORMATION

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
			TEXAS
Full Name of Parent 1	First Name	Middle Name	Last Name (Maiden) Prior to 1st Marriage
Full Name of Parent 2	First Name	Middle Name	Last Name (Maiden) Prior to 1st Marriage

<input type="checkbox"/> Birth Certificates			
Type	Cost	# of copies =	Total
Certified Copy - Local	\$23		
Remote	\$23		
Postage *	\$1	-----	
<b>Total</b>			

<input type="checkbox"/> Death Certificates				
Type		Cost	# of copies =	Total
Certified (1 copy)		\$21		
Additional Copies		\$4		
Postage *		\$1	-----	
<b>Total</b>				

\* (or include a self-addressed stamped envelope)

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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.

## REQUESTOR INFORMATION

REQUESTOR NAME	TELEPHONE #		
FULL MAILING ADDRESS			
Street	City or Town	County	State/ZIP
RELATIONSHIP TO PERSON LISTED ABOVE		PURPOSE FOR OBTAINING THIS 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. (HEALTH AND SAFETY CODE CHAPTER 195, SEC. 195.003)**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Texas Administrative Code Rule §181.22 FEES CHARGED FOR VITAL RECORDS SERVICES-If record is not found, the County Clerk's office will retain the \$23 as a search fee. We will only conduct one search for the record and if not found, you will need to visit the Department of State Health Services in Austin, Texas. This includes Short-Form Birth Certificates (Abstract) not containing the "I" when printed. No refunds are issued for a birth or death record not found. The search fee is non-refundable or transferable.

**INITIALS OF CUSTOMER ACKNOWLEDGING ABOVE STATEMENT REGARDING FEE(S) COLLECTED: \_\_\_\_\_**

**APPLICATIONS WITHOUT SIGNATURE OF APPLICANT AND PROPER I.D. WILL NOT BE PROCESSED.**

Office Use Only:

Security #

Clerk Initials:

# NOTARIZED PROOF OF IDENTIFICATION

<b>PART 1. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City/County)	SEX
FULL NAME OF PARENT 1 (Maiden) Prior to 1st Marriage	FULL NAME OF PARENT 2 (Maiden) Prior to 1st Marriage
<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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 1 as _____ and who on oath deposes and	
(Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____	
	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 A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**  
**LILA DEAKLE - PARKER COUNTY CLERK**  
 1112 SANTA FE DRIVE  
 WEATHERFORD, TX 76086



**LILA DEAKLE**  
Parker County Clerk  
INFORMATION AND PAYMENT SHEET

Fees are subject to change without notice. Call 817-594-7461 for fee verification and assistance filling out this form

FIELDS MARKED WITH \* ARE REQUIRED

PLEASE PROVIDE REQUESTED PAYMENT INFORMATION

* Name of Requestor:		Date:
* Mailing Address:		
* City:	* State:	* ZIP
* Email Address:		
* Phone No.:	* Fax No.:	
* Cardholder Name (If different from Requestor):		
* Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express		
<i>There is a convenience fee of 2.35% or a minimum of \$1.00 will be charged to your credit card.</i>		
* Card No.	* Expiration Date:	
* CVV No.	* Cardholder's / Authorized User Signature:	