

Medina County Clerk's Office
Gina Champion
1100 16th Street Room 109
Hondo, Texas 78861
(830)741-6040

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST. Make money orders payable to Medina County Clerk .All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable.

Birth Certificates				Death Certificates			
Type	Cost X	# of Copies =	Total	Type	Cost X	#of Copies=	Total
Standard Long form	\$23			Certified Copy	\$21 each\$4 each addl.		

I wish to make a voluntary contribution of \$5.00 to promote healthy childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION(Part 1)					
Full Name of Person on Record	First Name	Middle name	Last name		
Date of Birth/Death	Month	Day	Year	Sex	
Place of Birth/Death	City or Town	County	State		
Full Name of Parent 1	First Name	Middle	Maiden Name/Last Name		
Full Name of Parent 2	First Name	Middle	Maiden Name/Last Name		
APPLICANT INFORMATION (Part II)					
Applicant Name	Telephone#	Email Address			
Full Mailing Address	Street Address	City	State	Zip	
Relationship to person listed above		Purpose for obtaining this record:			
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.					
Name of Person Receiving Copies, If Different from Applicant					
Mailing Address for Copies, If Different from Applicant					
City		State	Zip		

APPLICATION WITHOUT THIS PAGE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED

AFFIDAVIT OF PERSONAL KNOWLEDGE(MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (PART III))

STATE OF _____ COUNTY OF _____ Before me on this day appeared

(Applicant Name)

now residing at _____
(Address) (City) (State)

Who is related to the person named on Part I as _____ as who on oath deposes and says that contents of this affidavit are true and correct. (Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature _____

Sworn to and subscribed before me, this ____ day of _____, 20_____.

Signature of Notary Public and Notary ID Number _____

Typed or Print Name : _____

(Seal)

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 SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

MAIL THIS APPLICATION, PAYMENT AND VALID PHOTO ID TO:
MEDINA COUNTY CLERK'S OFFICE
1100 16TH Room 109
Hondo, Texas 78861