

Gina Champion - Medina County Clerk

1100 16th Street, Room 109

Hondo, Texas 78861

Office (830) 741-6040

<i>OFFICE USE ONLY</i>
Certificate Number: _____
Deputy Clerk: _____

PLEASE PRINT - INCLUDE A PHOTOCOPY OF YOUR ID AND SWORN STATEMENT WHEN SENDING THE REQUEST BY MAIL.

BIRTH: _____	WERE YOU BORN AT HOME <u>Y</u> <u>N</u>	DEATH: _____
CERTIFIED COPIES: \$23.00	(FOR BIRTH ONLY)	CERTIFIED COPIES \$21 FOR THE 1ST \$4.00 EACH ADDITIONAL

Fees are subject to change without notice (Call office number for verification)
The search or Indexing fee is **NON-REFUNDABLE** even if a record is not found.

Full Name of Person on Record:	First Name:	Middle Name:	Last Name:	
Date of Birth / Death	Month:	Day:	Year:	Sex:
Place of Birth:	City:	County:	State:	
Full Name of Parent 1:	First Name:	Middle Name:	Last Name:	
Full Name of Parent 2:	First Name:	Middle Name:	Last Name:	

REQUEST FOR INFORMATION:

Requestor Name:	Telephone Number:	Email Address:
Full Mailing Address:	Street Address	City State Zip
Relationship to person listed above:	Purpose for obtaining this record:	

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 Requestor: _____

Mailing Address for copies, if different from Requestor: _____

City:	State:	Zip:
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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)

Your Signature: _____

Date of Application: _____

*** APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED. MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO THE ABOVE ADDRESS**

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

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

Part I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD:	DATE OF BIRTH/DEATH:
PLACE OF BIRTH/DEATH: (CITY OR COUNTY)	SEX:
FULL NAME OF PARENT (1)	FULL NAME OF PARENT (2)

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART II. APPLICANT INFORMATION

APPLICANT NAME	TELEPHONE NUMBER	
EMAIL ADDRESS		
FULL MAILING ADDRESS	CITY, STATE, ZIP	
NAME OF PERSON RECEIVING COPIES, IF DIFFERENT FROM APPLICANT		
MAILING ADDRESS OF COPIES, IF DIFFERENT FROM APPLICANT		
CITY	STATE	ZIP

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____ COUNTY OF _____

Before me on this day appeared _____
(print applicant name)

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

who is related to the person named on Part I 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 _____

Type or Print name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

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