

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

CJ CHASCO
 SWISHER COUNTY & DISTRICT CLERK
 119 S Maxwell, Tulia, TX 79088
 Phone (806) 995-3294

SERVICE FEES

BIRTH CERTIFICATE \$23

Number of Certified Copies Requested: _____
 Abstract _____
 Long Form _____ (Swisher County Births Only)
 _____\$2 Protective Cover

DEATH CERTIFICATE \$21

First Certified Copy \$21 _____
 Additional Copies ordered at this time \$4 x _____ qty.
 _____\$2 Protective Cover

RETURN MAIL OPTIONS

_____ First Class – No Fee _____ Certified Delivery \$5 _____ Restricted Delivery \$10

BIRTH/DEATH RECORD INFORMATION

FULL NAME OF PERSON ON RECORD	<i>First</i>	<i>Middle</i>	<i>Last at birth/death</i>
DATE OF BIRTH/DEATH	<i>Month</i>	<i>Day</i>	<i>Year</i>
PLACE OF BIRTH/DEATH	<i>City</i>	<i>County</i>	<i>State</i>
FULL NAME PARENT 1	<i>First</i>	<i>Middle</i>	<i>Maiden Name/Last Name</i>
FULL NAME PARENT 2	<i>First</i>	<i>Middle</i>	<i>Maiden Name/Last Name</i>

REQUESTORS INFORMATION

Requestor Name		Telephone #	Email Address (optional)	
Full Mailing Address		Street Address	City	State Zip
Relationship to person listed above			Purpose for Obtaining Record	
<input type="checkbox"/> Counter Sale	<input type="checkbox"/>	<input type="checkbox"/> Please mail certificate to the address provided above.	<input type="checkbox"/> Please mail certificate to the Secondary address provided below.	
Secondary Mailing Address:				
City		State	Zip	

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1 Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS APPLICATION. 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)

Applicant Signature _____ Date of Application _____
*By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above.
 There are no refunds or exchanges once a certified copy is issued.
 APPLICATIONS WITHOUT SIGNATURE OR PHOTO ID OF APPLICANT WILL NOT BE PROCESSED.*

OFFICE USE ONLY

ID TYPE	CERTIFICATE NUMBER	VOLUME	PAGE
RECEIPT NUMBER		DEPUTY	

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)

NOTARIZED PROOF OF IDENTIFICATION

1. 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)		GENDER	
FULL NAME PARENT 1		FULL NAME OF PARENT 2	
2. 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

3. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ now residing at _____, who is related to the person named on Part 1 as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. <div style="text-align: center;">Signature _____</div> Sworn to and subscribed before me, this _____ day of _____, 20____.	
(Seal)	<div style="text-align: center; padding: 5px;">Signature of Notary Public</div> <hr/> <div style="text-align: center; padding: 5px;">Commission Expires</div> <hr/> <div style="text-align: center; padding: 5px;">Typed or Printed Name</div> <hr/> <div style="text-align: center; padding: 5px;">Street Address</div> <hr/> <div style="text-align: center; padding: 5px;">City, State and Zip</div>

MAIL THIS SWORN STATEMENT, APPLICATION, A PHOTOCOPY OF YOUR VALID PHOTO ID, AND PAYMENT (PAYABLE TO THE SWISHER COUNTY & DISTRICT CLERK) TO THE ADDRESS BELOW:

**SWISHER COUNTY & DISTRICT CLERK
119 S MAXWELL
TULIA, TX 79088**

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO
OBTAIN A CERTIFIED COPY OF BIRTH OR DEATH RECORD**

Select the record and quantity that you are requesting.

The long form should be selected for Swisher County Births only.

Clear Protective Covers are available for an additional \$2.

Please select a Return Mail Option. Unfortunately mail does get lost and it is out of our hands. You may insure the delivery of you purchase by choosing to pay for certified mail with or without restricted delivery. If you choose to select First Class at no charge you understand that in the event your mail is lost or undelivered you will have to re-submit a new request and pay for additional records.

Calculate the amount in your SERVICE FEES section and be sure to send the correct amount for processing your record.

BIRTH/DEATH RECORD INFORMATION

1. State the FULL name of the person on the record being requested.
2. Fill in the appropriate gender for the person on record.
3. Give the exact date of birth or date of death.
4. Give the place of birth/death.
5. Give **FULL MAIDEN NAME** of the mother of the person shown on the record.
6. Give the full name of the father of the person shown on the record.

REQUESTORS (APPLICANT) INFORMATION

1. Give **YOUR** full name
2. State the reason or purpose for which you are requesting the record.
3. Provide a telephone number with area code where you can be reached between the hours of 8 am and 5 pm Monday-Friday.
4. Email address is optional. If provided it will only be used in the event we are unable to contact you by phone.
5. State how you are related to the person whose record you are requesting.
6. Provide your full current mailing address
7. If certificate is to be returned by mail indicate the correct mailing address if different from current mailing address.
8. Applicant must sign and date the application.

SIGN AND DATE THE APPLICATION AFTER READING THE **NOTICE AND WARNING.** IF MAILING THE REQUEST, PLEASE PROVIDE A PHOTOCOPY OF YOUR IDENTIFICATION AND ATTACH THE COMPLETED NOTARIZED AFFIDAVIT ALONG WITH YOUR PAYMENT.

INCOMPLETE APPLICATIONS OR APPLICATIONS MISSING REQUIRED DOCUMENTATION (INCLUDING PAYMENT) WILL BE RETURNED FOR CORRECTIONS.

If you have any questions please call our office, 806-995-3294.