Application for certified copy of BIRTH or DEATH Certificate

Mark Staples
County Clerk
Anderson County Courts Building
500 North Church, Room 10
Palestine, TX 75801

Phone: 903-723-7402

INSTRUCTIONS FOR SUBMITTING APPLICATION BY MAIL:
"NOTARIZED AFFIDAVIT of IDENTITY", a photo copy of valid ID, and appropriate payment form
Must be included. All forms can be found at:
www.co.anderson.tx.us/page/anderson County.Clerk

BIRTH

 # OF CERTIFIED COPIES _____ X$23.00 (each)= _____

DEATH

FIRST CERTIFIED COPY: $21.00

 # OF ADDITIONAL COPIES OF SAME RECORD _____ X $4.00 =$ _____

TOTAL ENCLOSED $

Office use only

CERTIFICATE # _____

Espanol en la pagina siguiente

Type of ID_____
DOB ___/___/____
Vol / Pg ____/_____

Full birth Name of (Person on Record)

First	**Middle**	**Last (Maiden)**

Date of Birth or Death / /	**Sex** : Male or Female

Place of
Birth / Death   **City or Town :**   **County :**

Full Birth Name of Parent 1

First	**Middle**	**Last (Maiden)**

Full Birth Name of Parent 2 **First**   **Middle**   **Last (Maiden)**

Applicants Name: First   **Middle**   Last

Daytime Phone: ( ) -   **Mailing Address**:

Relationship to person on Birth or Death Application.   **Purpose for Obtaining this Record**:

Warning: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OF 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)

○ *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 the Health and Human Services.*

SIGNATURE OF APPLICANT_____   DATE: ___/____/_____