

OFFICE USE ONLY

Cert. #

Doc. Control #

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Remit No

By ZZ 708-153

# MAIL APPLICATION FOR

**BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

**Make check or money orders payable to: RED RIVER COUNTY CLERK.**

|  |  |  |
| --- | --- | --- |
| **Birth Certificates** | **Death Certificates** |  |
| Type | Cost X | # of copies= | Total | Type | Cost X | # of copies= | Total |  |
| Standard Size Long form | $23 |  |  | Certified Copy (1 copy) | $21 |  |  |  |
|  |  |  |  | Additional Copies | $4 |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)** |
| 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 Name | Maiden Name/Last Name |
| Full Name of Parent 2 | First Name | Middle Name | 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: |
| **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 |
| **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 and who on oath deposes and says that the 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 .(Seal) Signature of Notary Public and Notary ID Number\_ Typed or Printed Name: 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 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 APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

SHAWN WEEMES

RED RIVER COUNTY CLERK

200 NORTH WALNUT

VS-142.3 Rev. 06212016 **CLARKSVILLE, TEXAS 75426**