

OFFICE USE ONLY

Cert. #

Doc. Control #

OFFICE USE ONLY

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 |  |  |  |
|  | | |  |  | | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:

CHASSIDY CHANDLER

RED RIVER COUNTY CLERK

200 NORTH WALNUT

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