

**Grayson County Clerk**  
**100 W. Houston, Ste. 17**  
**Sherman, Texas 75090**  
**(903) 813-4243**

**[Please Include a Copy of Your State Issued ID]**

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**

BIRTH: #REQUESTED \_\_\_\_\_  
\$23.00 SEARCH FEE  
(INCLUDES CERTIFIED BIRTH  
CERTIFICATE, IF ONE IS FOUND)

DEATH: # REQUESTED \_\_\_\_\_  
\$21.00 FOR FIRST COPY  
\$4.00 FOR EACH ADDITIONAL

**PLEASE PRINT**

1. FULL NAME OF PERSON ON RECORD \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN)
2. DATE OF BIRTH OR DEATH \_\_\_\_\_ 3. SEX \_\_\_\_\_
4. PLACE OF BIRTH OR DEATH \_\_\_\_\_  
CITY COUNTY STATE
5. FULL NAME OF FATHER \_\_\_\_\_  
FIRST MIDDLE LAST
6. FULL NAME OF MOTHER \_\_\_\_\_  
FIRST MIDDLE (MAIDEN NAME)
7. APPLICANT'S NAME \_\_\_\_\_
8. TELEPHONE NUMBER \_\_\_\_\_ (MON. – FRI. 8:00 – 5:00)
9. MAILING \_\_\_\_\_
10. RELATIONSHIP TO PERSON NAMED ON LINE #1 \_\_\_\_\_
11. PURPOSE FOR OBTAINING RECORD \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2 – 10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.003).**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**IDENTIFICATION TYPE AND NUMBER:** \_\_\_\_\_

BIRTH RECORDS ARE CONFIDENTIAL FOR THE FIRST 75 YEARS AND DEATH RECORDS FOR THE FIRST 25 YEARS; THEREFORE ISSUANCE IS RESTRICTED TO QUALIFIED APPLICANTS. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL INFORMATION BE PROVIDED IN ORDER TO ISSUE THE RECORD.

**SECURITY PAPER #:** \_\_\_\_\_