

APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

Grayson County Clerk
 Deana Patterson
 100 W. Houston, Ste. 17
 Sherman, TX 75090
 903-813-4260



Office Use Only	
Birth Certificate	\$23
Total Due.....	\$_____
Death Certificate	\$21
Additional Copy.....	\$4
Number of Copies Requested.....	_____
Total Due.....	\$_____
Certificate No. _____	Processed by _____

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

No cross out or white out will be accepted.

PAYMENT WILL BE KEPT IF WE ARE UNABLE TO LOCATE THE 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 \$10,000.00 (Health and Safety Code 195.00)

Please Print: Information Found on Birth Certificate/Death Certificate

Full Name on Record (First)	(Middle)	Last
Date of Birth/Death:	Place of Birth/Death, (City, County)	Sex:
Name of Parent 1: (First)	(Middle)	Last/Maiden if applicable
Name of Parent 2: (First)	(Middle)	Last/Maiden if applicable

Applicant's Information

Applicant's Full Name _____

Mailing Address _____

City/State/Zip Code _____

Telephone _____ Email Address _____

Relationship to the Person listed Above _____

Reason for Request: Travel/Passport Records School Insurance Other _____

 Signature of Applicant
 (COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

 Today's Date

For applications that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and Copy of Valid photo ID must be attached to this completed application or the request will not be processed

****If applying for a Birth/Death Verification you do not need to complete this page****

NOTARIZED PROOF OF IDENTIFICATION

PART I. 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)		SEX	
FULL NAME OF PARENT 1		FULL NAME OF PARENT 2	

PART II. 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

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.		
STATE OF _____		
COUNTY OF _____		
Before me on this day appeared _____ (name)		
Now residing at _____ (address) (City) (State)		
Who is related to the person in Part I as _____ and who on oath deposes (relationship)		
And says that the contents of this affidavit are true and correct.		
Applicant's Signature _____		
Sworn to and subscribed before me _____ day of _____, 20____,		

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and 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 SAFTY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**Grayson County Clerk
100 W. Houston, Ste. 17
Sherman, TX 75090**

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)