



# OCHILTREE COUNTY CLERK

Stacey Brown, Clerk

## MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST. Make check or money order payable to: Ochiltree County Clerk. All funds are deposited directly to Ochiltree County. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates			
Type of Document	Cost X	# of Copies	Total
Long Form	\$23		
<b>Total (Check or money order payable to Ochiltree County Clerk)</b>			

Death Certificates			
Type of Document	Cost X	# of Copies	Total
Certified Copy (1 copy)	\$21		
Additional Copies	\$4		
<b>Total (Check or money order payable to Ochiltree County Clerk)</b>			

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.

### 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
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 the 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 the Person Receiving Copies, if Different from Requestor			
Mailing Address for Copies if Different from Applicant			
Street Address	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 \_\_\_\_\_ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public and Notary ID Number \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Seal)

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 UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Mail this application, payment, sworn statement and a **photocopy of your valid Photo ID** to:

Ochiltree County Clerk  
511 S. Main St - Suite #8  
Perryton, TX 79070