



OFFICE USE ONLY	
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Document Control #	_____
By	_____

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING THE REQUEST. NO PERSONAL CHECKS. MONEY ORDER ONLY We can only issue certified copies of births and deaths that occurred in Grimes County. We can issue Remote Birth Certificates from any county in Texas..

Birth Certificates				Death Certificates			
Type	Cost X	# of copies =	Total	Type	Cost X	# of copies =	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
Remote Birth <input type="checkbox"/>	\$23			Additional Copies	\$4		
TOTAL AMOUNT DUE:				TOTAL AMOUNT DUE:			

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 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 (Circle one)	Month	Day	Year
Place of Birth/Death (Circle one)	City or Town	County	State
Full Name of Father	First Name	Middle Name	Maiden Name/Last Name
Full Name of Mother	First Name	Middle Name	Maiden Name/Last Name

APPLICANT INFORMATION (Part II)

Applicant Full 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 in Part I as _____ and who on oath deposes and says that the content of this affidavit are true and correct. _____
(Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature: _____ Date of Application: _____

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

Signature of Notary Public and Notary ID Number: _____

(seal) 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 WITH PAYMENT AND A COPY OF YOUR PHOTO ID TO:

**VANESSA BURZYNSKI
Grimes County Clerk
P.O. Box 209
Anderson, TX 77830
936-873-4410**