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## MAIL-IN APPLICATION FOR BIRTH AND DEATH RECORD

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING THE REQUEST.** We can only issue certified copies of births and deaths that occurred in Grimes County. We can issue a Remote Birth Certificate from any county in the state but it is only the short form.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies =	Total	Type	Cost X	# of copies =	Total
Short Form <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$20		
Remote Birth <input type="checkbox"/>	\$23			Additional Copies	\$4		
<b>Total Amount Due</b>				<b>Total Amount Due</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 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

### \* Required information 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 ALONG WITH A CHECK OR MONEY ORDER MADE PAYABLE TO:  
GRIMES COUNTY CLERK:  
P.O. Box 209  
Anderson, TX 77830**

**ALL REQUESTS MUST BE NOTARIZED OR THEY WILL BE REJECTED.**