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## MAIL APPLICATION FOR BIRTH AND DEATH RECORD

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING THE REQUEST.**

**Make check or money order payable to: Grimes County Clerk.**

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		
Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/>	\$60			Additional Copies	\$4		
<b>Total (Check or money order payable to County Clerk)</b>				<b>Total (Check or money order payable to 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 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 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, PAYMENT AND A VALID PHOTO ID TO:**  
**VANESSA BURZYNSKI**  
**Grimes County Clerk**  
**P.O. Box 209**  
**Anderson, TX 77830**  
**936-873-4410**