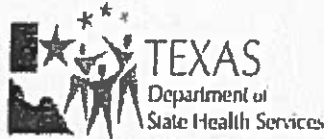


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Remit No
By ZZ 708-153

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

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

Table with columns for Birth Certificates and Death Certificates, including Type, Cost X, # of copies, and Total.

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) - Fields for Full Name of Person on Record, Date of Birth/Death, Place of Birth/Death, and Full Name of Parent 1 and 2.

APPLICANT INFORMATION (Part II) - Fields for Applicant Name, Telephone #, Email Address, Full Mailing Address, Relationship to person listed above, and Purpose for obtaining this record.

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III) - Sworn statement section with fields for State, County, Applicant name, Address, City, State, and Notary Public information.

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:

1S-142.3 Rev. 06/21/2016

Connie Hartmann, County Clerk
409 S. Pecan St., Ste. 201
Lampasas, TX 76550