

**MONTAGUE COUNTY CLERK
P.O. BOX 77, MONTAGUE, TEXAS 76251**



**APPLICATION FOR A CERTIFIED COPY
OF BIRTH/DEATH IN TEXAS**

Credit card payments are made through
www.certifiedpayments.net, enter
bureau code 2698258, once payment
has been made provide or mail the confirmation
number along with your request and the appropriate
ID to our office. (Certified Payments Ph.#1-866-549-1010)

ALL BIRTH CERTIFICATES ARE \$23.00 EACH
OF COPIES: FULL SIZE ABSTRACT _____
OF COPIES: *FULL REPRODUCTION _____
*(Montague County births only)

ALL DEATH CERTIFICATES ARE \$21.00 EACH
\$4.00 FOR EACH ADDITIONAL DEATH CERT.
of COPIES _____

Birth Records are Confidential for 75 years and Death Records are Confidential for 25 years. Confidential Records may be issued only to a properly qualified applicant *see below*. A search/index fee of \$23.00/\$21.00 is retained *even if the record is not found*.

PLEASE PRINT Information found on Birth/Death Certificate

NAME OF PERSON ON RECORD _____
First Middle Last

DATE OF BIRTH/DEATH _____ / _____ / _____ **SEX: M F**
Month Day Year

PLACE OF BIRTH/DEATH _____ / _____
City County

PARENT 1 NAME _____ / _____ / _____
First Middle Maiden Name/Last Name

PARENT 2 NAME _____ / _____ / _____
First Middle Maiden Name/Last Name

APPLICANT IDENTIFICATION IS REQUIRED: Driver's License, State I.D. Card, Military I.D., etc. (If requested by mail MUST include NOTARIZED PROOF OF IDENTIFICATION), and money order or credit card info(see above) and photocopy of I.D.

Name of Person Applying for Record _____

Applicant's Daytime Phone Number (____) _____ Applicant's Mailing Address: _____

Applicant's Relationship: _____ **Purpose for obtaining the Certificate:** _____

I swear, under penalty of law, that the information given above is true and correct.

SIGNATURE OF APPLICANT **DATE**

****WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (TEXAS HEALTH AND SAFETY CODE, CHAPTER 195 SEC. 195.003)**

VOL _____ PG _____
ISSUED BY: _____
CERTIFICATE # _____

VITAL STATISTICS INFORMATION

All requests for vital documents must be in writing and accompanied by the proper fee. No telephone requests for documents or verifications may be accepted. State law requires that all information on this form be furnished. Mail requests are accepted after proper payment and documents are normally mailed by the next day after received. State law requires identification for all requests for vital records. Confidential records may be released only to properly qualified applicants. A properly qualified applicant is the person named on the certificate, a member of the immediate family (father, mother, brother, sister, spouse or grandparent or a legal or personal representative). A legal representative must provide a signed letter of authorization and proper identification for themselves and from the person giving the authorization. Legal guardians must show proof of guardianship. If a father's name does not appear on the certificate, he will be asked to provide other proof of the relationship or a letter signed by the mother authorizing. Birth Certificates are available for births anywhere in the State of Texas from 1926 to present.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD _____ DATE OF BIRTH/DEATH _____

PLACE OF BIRTH/DEATH (CITY OR COUNTY) _____ SEX _____

FULL NAME OF PARENT 1 _____ FULL NAME OF PARENT 2 _____

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD _____ TYPE/NUMBER OF ID ACCEPTED WHEN NOTARIZED _____

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

before me on this day appeared _____
(Name)

now residing at _____
(Address) (City) (State)

who is related to the person on Part I as _____ and who on oath deposes and says that the contents of this
(Relationship)
affidavit are true and correct.

Signature _____

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

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID

TO:

MONTAGUE COUNTY CLERK

VITAL RECORDS

PO BOX 77

MONTAGUE, TEXAS 76251

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

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