| OFFICE USE ONLY |
|---|
| Cert # |

**COUNTY CLERK**
**ORANGE COUNTY, TEXAS**
**123 S 6TH ST**
**ORANGE TX 77630**
**PHONE (409) 882-7055**

## MAIL APPLICATION FOR BIRTH AND DEATH RECORD

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.**
**MAKE CHECK OR MONEY ORDER PAYABLE TO: ORANGE COUNTY CLERK**

| ☐Birth Certificates | | | |
|---|---|---|---|
| Type | Cost X | # of copies= | Total |
| Certified Copy | $23 | | |
| | | | |
| | | **Total** | |

| ☐Death Certificates | | | |
|---|---|---|---|
| Type | Cost X | # of copies= | Total |
| Certified Copy (1 copy) | $21 | | |
| Additional copies | $4 | | |
| | | **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)** | | | | |
|---|---|---|---|---|
| Full Name of Person on Record | First Name | Middle Name | | Last Name |
| Date of Birth or Death | Month | Day | Year | Sex |
| Place of Birth or Death | City or Town | County | | State |
| Full Name of Parent 1 | First Name | Middle Name | | Maiden/Last Name |
| Full Name of Parent 2 | First Name | Middle Name | | Maiden/Last Name |

| **APPLICANT INFORMATION (Part II)** | | | | |
|---|---|---|---|---|
| Applicant 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 |
|---|---|---|

**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)**

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

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

Applicant Signature _____

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 _____

**MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO THE ADDRESS ON THE TOP OF THIS FORM.**