

OFFICE USE ONLY

Cert # _____

DOCUMENT CONTROL # _____

By _____



MAIL APPLICATION FOR BIRTH OR DEATH RECORD

OFFICE USE ONLY

Remit No. _____

By _____ **ZZ 708-153**

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

Type	Cost X	# of copies=	Total
Certified Copy - State	\$22		
Certified Copy - County	\$23		
Heirloom-Bassinet	\$80		
\$8.00 UPS or \$17.50 USPS Express return delivery (optional)			
Total			

Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$21		
Additional copies	\$4		
\$8.00 UPS or \$17.50 USPS Express return delivery (optional)			
Total			

Make check or money order payable to: DSHS

All funds are deposited directly to the Texas Comptroller of Public Accounts. Refunds available only on written request.

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME _____ 8. TELEPHONE # () _____
 (MON-FRI 8:00-5:00)

EMAIL ADDRESS _____

9. MAILING ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____ 11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT, FOR IMMIGRATION OR FOR THE INDIAN REGISTRY? YES NO

13. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE: BIRTHDATE _____ BIRTH PLACE _____

I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Your Signature _____ Date of Application _____

MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
Kim Carter
 Terry County Clerk
 500 West Main - RM 105
 Brownfield, TX 79316

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)
 VS-142.3 Rev. 11/2005