



**Amy L. Varnell
Cass County Clerk**

Post Office Box 449 • 100 E. Houston Street • Linden, Texas 75563
Telephone (903) 756-5071 • Facsimile (903) 756-8057

APPLICATION FOR CERTIFIED COPY OF BIRTH or DEATH CERTIFICATE

BIRTH \$23.00 _____ DEATH \$21.00/\$4.00 ADDITIONAL _____
NUMBER REQUESTED NUMBER REQUESTED

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

Please Print:

1. Full Name on Record: (first, middle, last) _____
2. Date of Birth: _____ Date of Death _____
3. Place of Birth or Death: (City, County) _____
4. Father's Full Name: _____
5. Mother's Full Maiden Name: (Her given name at time of her Birth) _____

Information about Applicant

6. Applicant's Full Name: _____
7. Applicant's Mailing Address: _____
City, State, Zip Code _____
8. Telephone Number: _____ 9. Email Address _____
10. Applicant's Relationship to Person Named in #1: _____
11. Purpose for Obtaining Record: _____

Signature of Applicant
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date

For applications that are sent by mail:
The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application or the request will not be processed.

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 AND 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 named in Part I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 ____.	
<i>(Please place notary stamp in space below)</i>	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

WARNING: IT 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 SWORN STATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**Cass County Clerk
P.O. Box 449
Linden, TX 75563**

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