

**SCHLEICHER COUNTY CLERK
PO BOX 580
ELDORADO, TX 76936**

APPLICATION FOR A CERTIFIED COPY OF BIRTH OR DEATH RECORD

CERTIFIED BIRTH CERTIFICATES ARE \$23.00 CERTIFIED DEATH CERTIFICATE ARE \$21

SEARCH FEE PER NAME \$10

EXTRA COPIES OF SAME DEATH RECORD \$4

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

6. YOUR NAME: _____ 7. TELEPHONE #: (____) _____

8. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE

BIRTHDATE _____ BIRTH PLACE, ECT. _____

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMES IN ITEM 1: _____

11. PURPOSE FOR OBTAINING THIS RECORD: _____

This fee rate(s) was set by the Texas Board of Health and was not mandated by the Texas Legislature. Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (Item 1-5), relationship (Item 9), and purpose (Item 10) be provided in order to issue the record.

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)

ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.

_____ I WISH TO CONTRIBUTE \$5.00 TO THE TEXAS HOME VISITING PROGRAM.

I SWEAR, UNDER PENALTY OF LAW, THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

_____ Signature of Applicant _____ Date

IDENTIFICATION REQUIRED: DRIVER'S LICENSE, STATE I.D., MILITARY I.D. CARD.

_____ Identification Type _____ I.D. number

IF REQUESTED BY MAIL, INCLUDE A PERSONAL CHECK OR MONEY ORDER PAY TO THE ORDER OF **SCHLEICHER COUNTY CLERK** AND ATTACH WITH A PHOTOCOPY OF REQUIRED I.D. YOU MUST INCLUDE A NOTORIZED PROOF OF IDENTIFICATION/AFFIDAVIT OF PERSONAL KNOWLEDGE.

FOR CLERK USE ONLY:

Certificate # _____ Document # _____ Receipt # _____ Vol. _____ Pg. _____ Issued by: _____