

BIRTH, DEATH & or MILITARY DISCHARGE REQUEST Form

Valid UN-expired ID REQUIRED



HENDERSON COUNTY
125 N. Prairieville St. Ste. 101

MARY MARGARET WRIGHT
Athens, Texas 75751

COUNTY CLERK
Phone (903)675-6140

****WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT.** 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 and Safety Code, Chapter 195, DEC.195.003)**

BIRTH \$23 (Originals issued for Henderson County Births / Certified Copies for Out of County but, in Texas ONLY)

Full Name on CERTIFICATE (First Middle & Last NAME Given at Birth): _____

Date of Birth: _____ Place of Birth: City: _____ County: _____

Mothers Full Name (before marriage): _____

Father's Full Name: _____ How many are you purchasing today? _____

How are you related to the person on Certificate:

Self Parent Child Grandparent Spouse Sibling Other _____

PURPOSE for ACQUIRING Certificate:

DL School Passport SS Retirement Newborns Records Other _____

DEATH \$21 -extras at time of purchase are an addl. \$4ea. (ONLY for Deaths occurring in HENDERSON COUNTY)

Full Name on Death CERTIFICATE: _____ Date of Birth: _____

Date of Death: _____ Place of Death: City: _____ County: _____

Mothers Full Name (before marriage): _____

Father's Full Name: _____

SPOUSES NAME: _____ How many are you purchasing today? _____

How are you related to the person on Certificate:

Parent Child Grandparent Spouse Sibling Other: _____

PURPOSE FOR ACQUIRING Death Certificate: _____

Military Discharge Request Free ONLY if filed in HENDERSON COUNTY, TEXAS

Full Name on Record: _____

Date of Discharge: _____ How are you related to the person on Record: _____

Signature & Phone# of Person filling out this form

SIGN HERE

Today's Date: _____ Applicants **Phone#**: _____

Applicants Name (PRINT): _____ (Signature): _____

Address if we are mailing any records to you:

FOR OFFICE USE ONLY:

ID Type: _____ Id#: _____ Certificate #: _____

ID Expiration Date: _____ Todays Date: _____ Clerk Initials: _____

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

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 on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Swam to and subscribed before me, this _____ day of _____, 20__.	
(Seal)	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and 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)

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

Mary Margaret Wright -
County Clerk
125 N. Prairieville St, Suite 101
Athens, TX 75751

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