

MITCHELL COUNTY

APPLICATION FOR BIRTH/DEATH RECORD



**PLEASE PRINT CLEARLY. INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING REQUEST.
APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.**

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS				
Your Name (First, Middle, Last Name):				
Street Address:		City:	State:	Zip Code:
Email Address:			Daytime Phone Number:	
Your relationship to Person named on Certificate (Check One): <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian (proof required) <input type="checkbox"/> Legal Representation (proof required) <input type="checkbox"/> Other: _____				
Reason for Request: <input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____				
Step 2: INFORMATION FOR PERSON NAMED ON BIRTH RECORD / DEATH RECORD (Must be completed to Identify Record Requested)				
FULL NAME ON RECORD:	First Name	Middle Name	Last Name	
DATE OF BIRTH/DEATH:	Month	Day	Year	SEX:
PLACE OF BIRTH/DEATH:	City or Town	County	TEXAS ONLY	
FULL NAME OF PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)	
FULL NAME OF PARENT 2:	First Name	Middle Name	Maiden Last Name (Before first marriage)	
Step 3: COST & FEES				
Select Record Type	Quantity	Price/each	Total	
<input type="checkbox"/> Long Form Birth Certificate (Travel/Passport)		x \$23.00	\$	
<input type="checkbox"/> Short Form Birth Certificate (General Use)		x \$23.00	\$	
<input type="checkbox"/> Death Certificate (Mitchell County ONLY)		x \$21.00	\$	
<input type="checkbox"/> Additional Death Certificates		x \$ 4.00	\$	
<input type="checkbox"/> Plastic Protective Sleeve		x \$ 3.00	\$	
<input type="checkbox"/> 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.			\$	
			Total Due:	\$
Step 4: AFFIDAVIT (NOTARY SECTION) – only submissions by mail need to be notarized				
STATE OF _____ COUNTY OF _____ This instrument was acknowledged before me on _____ (Date)				
By _____ (Printed Name of applicant acknowledging)				
			(Notary Seal)	
_____ (Notary Public's Signature)				
READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)				

**** MONEY ORDER OR CASHIER'S CHECKS: MITCHELL COUNTY CLERK, CREDIT CARD with 2.5% FEE****

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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 APPLICATION, PAYMENT AND COPY OF VALID PHOTO ID TO:

MITCHELL COUNTY CLERK
349 OAK STREET, ROOM 103
COLORADO CITY, TX 79512
(325) 728-3481

OFFICE USE ONLY
Certificate _____
Cash Check MO CC
Deputy: _____