

COTLE COUNTY CLERK  
P. O. BOX 717  
PADUCAH, TX 79248-0717  
806 492-3823 FAX 806 492-2625

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS AS MUCH AS POSSIBLE. ATTACH A COPY OF YOUR **DRIVER'S LICENSE OR I. D. CARD** & RETURN APPLICATION WITH APPROPRIATE FEE TO ABOVE ADDRESS.

**BIRTH CERTIFICATE**  
HOW MANY:  
\_\_\_\_ CERTIFIED COPIES x \$23.00 = \_\_\_\_\_  
POSTAGE & HANDLING BY  
1<sup>ST</sup> CLASS MAIL \$1.50 = \_\_\_\_\_  
**TOTAL ENCLOSED =** \_\_\_\_\_

**PLEASE  
PRINT**

**DEATH CERTIFICATE**  
HOW MANY:  
CERTIFIED COPY = \$21.00  
\_\_\_\_ EXTRA COPIES x \$ 4.00 = \_\_\_\_\_  
**TOTAL ENCLOSED =** \_\_\_\_\_

1. FULL NAME OF  
PERSON ON  
LAST

RECORD: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

2. DATE OF BIRTH OR DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  MALE  FEMALE  
MO DAY YEAR

3. PLACE OF BIRTH OR DEATH: CITY or TOWN \_\_\_\_\_, COTLE COUNTY, TEXAS

4. FULL NAME OF FATHER: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

5. FULL MAIDEN  
NAME OF MOTHER: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

6. APPLICANT'S NAME: \_\_\_\_\_ 7. TELEPHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

8. MAILING ADDRESS: \_\_\_\_\_  
NUMBER & STREET OR P.O. BOX CITY STATE ZIP

9. RELATIONSHIP TO PERSON IN ITEM #1: \_\_\_\_\_

10. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

11. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:  
SOCIAL SECURITY NUMBER OF DECEASED : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YEAR

Fees are subject to change without notice (call 806 492-3823 for fee verification). For any search of the files where a record is not found, the searching fee is not refundable or transferable.

**Birth records are confidential for 75 years & 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 & SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**REMINDER, APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.**

YOUR SIGNATURE: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ MO DAY YEAR

IDENTIFICATION TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
DRIVER'S LICENSE, I. D., ETC.

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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 _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<i>(Seal)</i>	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:**  
 Texas Vital Records  
 Department of State Health Services  
 P.O. Box 12040  
 Austin, TX 78711-2040

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