

HENDERSON COUNTY

MARY MARGARET WRIGHT

COUNTY CLERK

125 N. PRAIRIEVILLE ST, RM 101

ATHENS, TEXAS 75751

PHONE: (903)675-6140

BIRTH CERTIFICATE \$23

DEATH CERTIFICATE \$21(\$3)

MILITARY DISCHARGE (FREE)

*****WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO 10,000.00(HEALTH AND SAFETY CODE, CHAPTER 195, DEC. 195.003) *****

BIRTH DEATH MILITARY DISCHARGE

CERTIFICATE REQUEST

(PLEASE CHECK ONE)

NOTE: THIS OFFICE IS NOT RESPONSIBLE FOR ANY ERRORS MADE ON THE ORIGINAL BIRTH CERTIFICATES. YOU MUST MAKE ALL CORRECTIONS THROUGH AUSTIN.

Full BIRTH Name on Record: _____

Sex: Male: Female:

Date of Birth: _____ Date of Death: _____ Discharge Date: _____

Place of Birth/Death (CITY/COUNTY): _____

Mother's Full Name (MAIDEN): _____

Father's Full Name: _____

HOW ARE YOU RELATED: ****ID REQUIRED****

SELF: PARENT: CHILD: GRANDPARENT: SPOUSE: OTHER(SPECIFY): _____

PURPOSE FOR AQUIRING THIS CERTIFICATE:

SCHOOL: PASSPORT: SOCIAL SECURITY: RETIREMENT: DRIVER'S LICENSE:

PERSONAL: (SPECIFY) _____

APPLICANT'S NAME(PRINT): _____

APPLICANT'S SIGNATURE: _____

TELEPHONE #: _____

*****PLEASE SUBMIT ENLARGED COPY OF VALID ID/DL*****

FOR OFFICE USE ONLY:

IDENTIFICATION #: _____ CERTIFICATION#: _____

DATE #: _____ 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
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 on Part I as _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn 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)