

Coryell County Clerk

620 E. Main Street
Gatesville, TX 76528
254-865-5911 ext. 2234

OFFICE USE ONLY

Certificate No. _____

Issue Date: _____

Issued By: _____

APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
Make money orders payable to: Coryell County Clerk.

Birth Certificates				Death Certificates			
Type	Cost	# of copies=	Total	Type	Cost	# of copies=	Total
Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
<input type="checkbox"/>				Additional Copies	\$4		
Total (Money order)				Total (Money order)			

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County	State	
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	

APPLICANT INFORMATION (Part II)			
Applicant Name	Telephone #	Email Address	
Full Mailing Address	Street Address	City	State Zip
Relationship to person listed above	Purpose for obtaining this record:		
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.			
Name of Person Receiving Copies, if Different from Applicant			
Mailing Address for Copies, if Different from Applicant			
City	State	Zip	

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)			
STATE OF _____	COUNTY OF _____		
Before me on this day appeared _____ (Applicant 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.			
The applicant presented the following type and number of identification: _____			
Applicant Signature _____			
(Seal)	Sworn to and subscribed before me, this _____ day of _____, 20_____.		
	Signature of Notary Public and Notary ID Number _____		
	Typed or Printed Name: _____		
	Commission Expires: _____		
	Street Address: _____		
	City, State, 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 APPLICATION, PAYMENT AND A VALID PHOTO ID

TO: Coryell County Clerk
P.O. Box 237
Gatesville, TX 76528