

HARRISON COUNTY CLERK
 HEATHER HENIGAN
 P.O. BOX 1365
 MARSHALL, TEXAS 75671
 903-935-8403

- Fees are subject to change without notice. (Call 903-935-8403 for verification.)
- Birth records are confidential for 75 years and Death records for 25 years, therefore, issuance is restricted.
- Please attach a photocopy of ID to application.
- Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 7) and purpose (Item 10) be provided to issue the record.

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

IN ORDER TO GET THIS CERTIFICATE YOU MUST BE THE PARENT (listed on the birth certificate), CHILD, SELF, SPOUSE,
 GRANDPARENT OR SIBLING WITH VALID PHOTO ID.

(NO EXCEPTIONS)

CASH, MONEY ORDER, CASHIER'S CHECK OR CREDIT CARD ONLY

<u>BIRTH-</u>			<u>DEATH-</u>		
<u># OF COPIES:</u>	<u>COST:</u>	<u>TOTAL:</u>	<u># OF COPIES:</u>	<u>COST:</u>	<u>TOTAL:</u>
_____ CERT. COPY	\$23.00 EACH	\$ _____	_____ CERT. COPY	\$21.00 EACH	\$ _____
			EXTRA COPY (SAME RECORD ONLY)		
		TOTAL: \$ _____	_____ CERT. COPY	\$4.00 EACH	\$ _____
					TOTAL: \$ _____

PLEASE PRESENT YOUR VALID DRIVER'S LICENSE OR IDENTIFICATION CARD

1. Full name on birth/death certificate _____
2. Date of birth/death _____
3. County of birth/death _____
4. Sex _____
5. Mother's full name (including maiden name) _____
6. Father's full name _____
7. How are you related to the person on the birth/death certificate? _____

WARNING: 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. (HEALTH AND SAFETY CODE, CHAPTER 195.003)

8. Applicant's name _____
9. Applicant's signature _____
10. Reason for copy _____
11. Address _____
12. City/State/Zip Code _____
13. Telephone Number _____

FOR PERSONNEL USE ONLY	
Type of I.D. _____	Birth/Death Record Number _____
Date Issued _____	
Receipt Number _____	Deputy _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE, PLACE OF BIRTH/DEATH AND NAME 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 FATHER	FULL NAME OF MOTHER

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

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____ COUNTY OF _____	
Before me on this day appeared _____, now residing at _____, who <small>(Address)</small> <small>(City)</small> <small>(State)</small>	
is related to the person named on Part I. as _____ and who on oath deposes and says that <small>(Relationship)</small>	
the contents of this affidavit are true and correct.	
Signature _____	
Sworn and subscribed before me, the _____ day of _____, 20_____.	
(Seal)	_____
	Signature of Notary Public

	Typed or Printed Name

	Commission Expires

	Street Address City/State/Zip

Warning: ITS 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 ID TO:

**ELIZABETH JAMES, HARRISON COUNTY CLERK
P.O. BOX 1365 MARSHALL, TEXAS 75671**

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD

Check the appropriate box for either a Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU USE EITHER A CREDIT CARD, CASHIER'S CHECK OR MONEY ORDER PAYABLE TO HARRISON COUNTY CLERK. WE CANNOT ACCEPT PERSONAL CHECKS.**

Item 1 Name of Record:

State FULL NAME of the person shown on the record being requested.

Item 2 Date of birth or death:

Give the exact date of the birth or death.

Item 3 Place of birth or death:

State the name of the county in which the birth or death occurred. **(BIRTH MUST BE IN THE STATE OF TEXAS FOR THE BIRTH CERTIFICATE TO BE OBTAINED IN OUR OFFICE. DEATH MUST HAVE OCCURRED IN HARRISON COUNTY FOR THE DEATH CERTIFICATE TO BE OBTAINED FROM OUR OFFICE.)**

Item 4 Sex:

Enter male or female.

Item 5 Mother's name:

State the full name of the mother (including maiden name) of the person shown on the record.

Item 6 Father's name:

State the full name of the father of the person shown on the record.

Item 7 Relationship of the person named on the record:

State how you are related to the person whose name is on the record.

Item 8 Applicant's name and date:

Print your full name and date.

Item 9 Applicant's signature:

Sign this application with your usual signature.

Item 10 Reason for obtaining this record:

State the reason or purpose for which you are requesting this record.

Item 11-12 Mailing address:

State your **complete** and current mailing address.

Item 13 Telephone number:

Give us a telephone number with area code where you can be reached between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

SIGN AND DATE THE APPLICATION, ENCLOSE A LEGIBLE PHOTOCOPY OF YOUR PICTURE I.D. AND MAIL IT TO THE ADDRESS AT THE TOP OF THE APPLICATION WITH THE CORRECT FEE IN THE APPROPRIATE FORM.