



Heather Henigan, County Clerk

P.O. Box 1365

200 W. Houston Rm. 143

Marshall, Texas 75671

OFFICE USE ONLY

Date _____ Certificate(s) _____

Type of I.D. _____

Clerk Initials _____ Receipt # _____

APPLICATION FOR BIRTH OR DEATH RECORD

ACCEPTABLE ID REQUIRED WITH APPLICATION

BIRTH CERTIFICATE(S)

COPIES _____ @ \$23 EACH

(Includes search fee)

\$ _____ TOTAL COST

DEATH CERTIFICATE(S)

COPIES _____ @ \$21 FIRST COPY

COPIES _____ @ \$4 EACH ADDITIONAL

(Same record, same transaction, includes search fee)

\$ _____ TOTAL COST

REGISTRANT: Full Name on Texas Birth Record / Harrison County Death Record

First _____ Middle _____ Last Name _____ Suffix (if applicable) _____

Date of Birth _____ Date of Death _____ Gender M F Adoption Y N

City of Birth/Death _____ County of Birth/Death _____

Mother/Parent 1 _____
First _____ Middle _____ Maiden Last Name (Before First Marriage) _____

Father/Parent 2 _____
First _____ Middle _____ Last _____ Suffix (If applicable) _____

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)

APPLICANT NAME (Person signing this form)

First _____ Middle _____ Last _____

Applicant Phone Number _____ Email Address _____

Applicant Mailing Address _____
Street _____ City _____ State _____ Zip Code _____

Relationship to Person Named on Birth/Death Record _____

Purpose for Obtaining Copy of Certificate: Driver License _____ State ID _____ Newborn _____ School _____

Insurance _____ Travel / Passport _____ Records _____ Other (Please Specify): _____

NOTICE: BIRTHS NOT LOCATED IN THE HARRISON COUNTY RECORDS WILL BE ISSUED A SHORT FORM BIRTH CERTIFICATE THROUGH THE STATE SYSTEM (IF FOUND). I UNDERSTAND THIS RECORD MAY NOT BE ACCEPTED BY THE PASSPORT OFFICE. I AM OBLIGATED TO PURCHASE ALL PRINTED RECORDS.

Signature of Applicant _____

Date _____