



APPLICATION FOR BIRTH OR DEATH RECORD NAMING AUTHORIZED REPRESENTATIVE



PLEASE PRINT & PROVIDE AN ACCEPTABLE ID WITH APPLICATION

View [Title 25 Texas Administrative Code §181.28](#) for complete details on qualified applicant identification and supporting documentation requirements.

Birth Certificate(s)				Death Certificate(s)			
Type	Cost	# of Copies	Total	Type	Cost	# of Copies	Total
Certified Copy	\$23			Certified Copy (1st copy)	\$21		
PAYMENT METHODS: Money Order or Cashier's Check payable to Harrison County Clerk. Credit/Debit Card by Phone (fee applies)				Additional Copies (Same Record)	\$4		
				Total			

IDENTIFY TEXAS BIRTH OR HARRISON COUNTY 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 M F	Adoption Y N	
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) - MUST PROVIDE ACCEPTABLE ID			
Applicant Name		Telephone #	Email Address
Full Mailing Address		Street Address	City State Zip
Relationship to person on birth / death record	Purpose for obtaining this record: <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Newborn <input type="checkbox"/> School <input type="checkbox"/> Passport <input type="checkbox"/> Travel <input type="checkbox"/> Social Security <input type="checkbox"/> Records <input type="checkbox"/> Other:		
<input type="checkbox"/> I authorize the following individual to personally pick up the above requested documents on my behalf.			
Name of Person Receiving Copies		Relationship to Applicant	
Mailing Address of Person Receiving Copies			
City		State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE & PERMISSION (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) _____ (Applicant name) gives authorization, to the person named on Part II, to obtain requested documents on Part I 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 _____	
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: _____	
(Seal Above)	

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.)

As long as you are a [person qualified to request certificate](#), you may authorize anyone to pick up the certificate on your behalf. The person picking up the certificate would need to bring in this notarized application, along with a copy of your identification and his/her identification.

OFFICE USE ONLY	
Date _____	Certificate(s) _____
Type of I.D. _____	_____
Clerk Initials _____	Receipt # _____

Instructions for Completing the Application for a Birth or Death Record

Naming Authorized Representative

Instrucciones para Completar la Solicitud de un Registro de Nacimiento o Defunción
Nombramiento de un Representante Autorizado

1. Birth Certificate Information / Información del certificado de nacimiento
 - a. Complete only if requesting a birth record
 - b. Indicate how many copies you are requesting
 - c. Give the complete information as it is listed on the birth record.
(Complete solo si solicita un registro de nacimiento
Indique cuántas copias solicita
Proporcione la información completa que figura en el registro de nacimiento.)
2. Death Certificate Information / Información del certificado de defunción
 - a. Complete only if requesting a death record
 - b. Indicate how many copies you are requesting
 - c. Give complete information as it is listed on the death record
(Complete solo si solicita un registro de defunción
Indique cuántas copias solicita
Proporcione la información completa que figura en el registro de defunción.)
3. Applicant Information / Información de los solicitantes
 - a. Give your current legal name and current contact information. The address used will be the address we mail the record to unless another is authorized on application.
(Proporcione su nombre legal actual y su información de contacto actual. La dirección utilizada aquí será la dirección a la que enviamos el expediente, a menos que se autorice otra persona mediante solicitud.)
 - b. Check box authorizing a specific individual to pick up the requested document(s) and complete information.
(Marque la casilla que autoriza a una persona específica a recoger los documentos solicitados y complete la información.)
4. Sign and date application in front of a notary / Firme y feche la solicitud frente a un notario

APPLICATIONS THAT ARE INCOMPLETE, SUBMITTED WITHOUT SUFFICIENT IDENTIFICATION, OR DO NOT INCLUDE PAYMENT WILL NOT BE PROCESSED

Completed applications may be submitted to the Harrison County Clerk's office in person or mailed to the following address:

Regular Mail:

Harrison County Clerk
Attn: Vital Records
P.O. Box 1365
Marshall, TX 75671

Priority Mail/Common or Contract Carrier:

Harrison County Clerk
Attn: Vital Records
200 West Houston Suite 143
Marshall, TX 75671