

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

CJ CHASCO, Swisher County & District Clerk

119 S. Maxwell, Tulia, TX 79088

PHONE: 806-995-3294 EMAIL: cdclerk@swisher-tx.org

OFFICE USE ONLY:

ID TYPE: _____

CERT # _____

VOL _____ PAGE _____

OFFICE USE ONLY:

RECEIPT _____

DEPUTY INITIALS _____

DATE _____

BIRTH CERTIFICATES				DEATH CERTIFICATES			
TYPE	COST PER COPY	# OF COPIES	TOTAL	TYPE	COST PER COPY	# OF COPIES	TOTAL
STANDARD SIZE	\$23.00			CERTIFIED COPY	\$21.00		
LONG FORM	\$23.00			ADDITIONAL COPIES	\$4.00		
PROTECTIVE COVER	\$2.00			FIRST CLASS RETURN	NO FEE		
FIRST CLASS RETURN	NO FEE			CERTIFIED DELIVERY	\$5.00		
CERTIFIED DELIVERY	\$5.00			RESTRICTED DELIVERY	\$10.00		
RESTRICTED DELIVERY	\$10.00						

BIRTH/DEATH RECORD INFORMATION (Part 1)

FULL NAME OF <i>PERSON ON RECORD</i>	First	Middle	Last at birth/death
DATE OF BIRTH/DEATH	Month	Day	Year
PLACE OF BIRTH/DEATH	City	County	State
FULL NAME - PARENT 1	First	Middle	Maiden Name/Last Name
FULL NAME - PARENT 2	First	Middle	Maiden Name/Last Name

APPLICANT INFORMATION (Part 2)

Applicant Name	Telephone #	Email Address (optional)
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for Obtaining Record	
Counter Sale	I authorize mailing to the address below.	
Mailing Address:		
City	State	Zip

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1 Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

AFFIDAVIT OF PERSONAL KNOWLEDGE (Part 3) (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____
(Applicant)
 now residing at _____
(Address) (City) (State)
 who is related to the person named on Part 1 as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

The applicant presented the following type of identification: _____ Applicant Signature _____

Sworn to and subscribed before me, this ____ day of _____, 20____ Notary Signature _____

Notary ID Number _____

Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

SEAL

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 COPY OF A VALID PHOTO ID TO:

SWISHER COUNTY CLERK
 119 S MAXWELL, TULIA, TX 79088

EVERY APPLICANT MUST PRESENT

One piece of primary identification, or

Two pieces of secondary identification or different types, or

One piece of secondary identification plus two pieces of support identification of different types.

WE DO NOT ACCEPT THE MATRICULA CONSULAR

PRIMARY IDENTIFICATION:

These items are complete within themselves and require no supporting instruments.

1. Driver's License
2. Federal or State Issued ID Card
3. Federal, State, or City Law enforcement employment ID Card, or badge accompanied by employment ID
4. Prison ID / Offender ID Card
5. US Military ID
6. Passport (from any country)
7. Permanent Resident Card (Resident Alien) GREEN CARD
8. US Citizenship Certificate or Certificate of Naturalization
9. US Dept. of Homeland Employment authorization card
10. Resident Alien Card
11. US Citizen Identification
12. Border Crossing Card
13. Re-entry Permit Form
14. Concealed Handgun License
15. Pilot's License
16. Social Worker employee ID
17. SENTRI card
18. VISA
19. Refugee Travel Document

SECONDARY IDENTIFICATION:

1. Current Student ID
2. Any primary ID that is expired
3. An original signed Social Security Card
4. Mexican Voter Registration Card
5. DD-214 Certificate of Release
6. Private Company Employment Identification Card
7. Certified Birth Certificate from the Department of State (FS-240, DS-1350, or FS-545)
8. Medicare Card
9. Medicaid Card
10. Form I-94
11. Veterans Affairs Card
12. Medical Insurance Card

FOREIGN ISSUED ID with IDENTIFIABLE PHOTO OF APPLICANT

1. Foreign Country issued driver license
2. Foreign Country issued ID card
3. Foreign Country Current Student ID
4. Honduran Consular Document, Accept as Secondary with Identifiable Photo of Applicant TAC 181.28(i)(11)(D)(xv)

SUPPORTING IDENTIFICATION:

These items consist of other records or documents that aid examining personnel in establishing the identity of the applicant. The following items are not all inclusive. The examining or supervisory personnel may determine that an unlisted document meets the department's need in establishing identity.

1. Recent Utility bill with current address
2. Recent paycheck stub
3. Recent bank account Statement
4. Public Assistance applications or letters
5. Signed valid voter's registration card
6. Police report of stolen identification
7. Official school transcript
8. Rent receipt with address & name
9. Dept. Homeland Security Notices or Correspondence
10. Religious Records w/signature of religious officials' signatures
11. Hospital admission records, immunization records, medical bills
12. Certified birth certificate from Department of State (FS-240, DS-1350, or FS-545), state other than Texas, District of Columbia, or other country.
13. Social Security Letter
14. Marriage License
15. Divorce Decree
16. Lease Agreements
17. Court Order
18. Automobile Titles
19. Property Title or Liens
20. Library Card
21. Automobile Insurance Card
22. Auto Registration
23. Recent Cell phone bill
24. Federal/State/Local Tax Records
25. Promissory Notes or Loan Contracts
26. Property Title or Liens
27. Hunting & Fishing License
28. Loans or Payment Contracts

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO
OBTAIN A CERTIFIED COPY OF BIRTH OR DEATH RECORD**

Select the record and quantity that you are requesting.

The long form should be selected for Swisher County Births only.

Clear Protective Covers are available for an additional \$2.

Please select a Return Mail Option. Unfortunately mail does get lost and it is out of our hands. You may insure the delivery of you purchase by choosing to pay for certified mail with or without restricted delivery. If you choose to select First Class at no charge you understand that in the event your mail is lost or undelivered you will have to re-submit a new request and pay for additional records.

Calculate the amount in your SERVICE FEES section and be sure to send the correct amount for processing your record.

BIRTH/DEATH RECORD INFORMATION

1. State the FULL name of the person on the record being requested.
2. Fill in the appropriate gender for the person on record.
3. Give the exact date of birth or date of death.
4. Give the place of birth/death.
5. Give FULL MAIDEN NAME of the mother of the person shown on the record.
6. Give the full name of the father of the person shown on the record.

REQUESTORS (APPLICANT) INFORMATION

1. Give YOUR full name
2. State the reason or purpose for which you are requesting the record.
3. Provide a telephone number with area code where you can be reached between the hours of 8 am and 5 pm Monday-Friday.
4. Email address is optional. If provided it will only be used in the event we are unable to contact you by phone.
5. State how you are related to the person whose record you are requesting.
6. Provide your full current mailing address
7. If certificate is to be returned by mail indicate the correct mailing address if different from current mailing address.
8. Applicant must sign and date the application.

SIGN THE APPLICATION IN THE PRESENCE OF A NOTARY. PLEASE READ THE **NOTICE AND WARNING**. IF MAILING THE REQUEST, PLEASE PROVIDE A PHOTOCOPY OF YOUR IDENTIFICATION AND ATTACH THE COMPLETED NOTARIZED AFFIDAVIT ALONG WITH YOUR PAYMENT.

INCOMPLETE APPLICATIONS OR APPLICATIONS MISSING REQUIRED DOCUMENTATION (INCLUDING PAYMENT) WILL BE RETURNED FOR CORRECTIONS.

If you have any questions please call our office, 806-995-3294.