

OFFICE USE ONLY



Sylvia Garza-Perez
County Clerk
Cameron County, Texas

MAIL THIS APPLICATION TO
Cameron County Clerk Vital Statistics
Department
P.O. Box 2178
Brownsville, TX 78522

Cert. # \_\_\_\_\_

Document Control # \_\_\_\_\_

By \_\_\_\_\_

Mail Application for Birth and Death Record

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

Make check or money orders payable to: Cameron County Clerk, Sylvia Garza-Perez.

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Table with 4 columns: Type, Cost X, # of copies=, Total. Rows include Certified Copy, Abstract Copy State of TX., Plastic Protector, Search Fee, and Total.

Table with 4 columns: Type, Cost X, # of copies=, Total. Rows include Certified Copy (1 copy), Additional Copies, Search Fee, and Total.

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH/DEATH RECORD INFORMATION (Part I)

Form with 5 rows and 4 columns for identifying birth/death record information, including fields for Full Name of Person on Record, Date of Birth/Death, Place of Birth/Death, and Full Name of Parent 1 and 2.

APPLICANT INFORMATION (Part II)

Form with 3 rows and 3 columns for applicant information, including Applicant Name, Telephone #, Email Address, Full Mailing Address, and Relationship to person listed above.

I authorize mailing to the address below. I have verified that the address below will receive my order.

Form for mailing address information, including Name of Person Receiving Copies, Mailing Address for Copies, City, State, and Zip.

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

Large form for the affidavit of personal knowledge, including fields for State of, County of, Applicant Name, Address, City, State, and Notary Public information.

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)