

Trudy McGill
RUSK COUNTY CLERK
P.O. BOX 758
HENDERSON, TEXAS 75653
903-657-0301

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

IN ORDER TO GET A CERTIFICATE, YOU MUST BE MOTHER, FATHER, SPOUSE, CHILD, GRANDPARENT, BROTHER OR SISTER, OR YOURSELF, WITH A VALID GOVERNMENT ISSUED PICTURE I.D. NO EXCEPTIONS...

Optional Donation to promote healthy early childhood Texas Home Visiting Program-\$5.00

1. FULL NAME (Maiden) ON CERTIFICATE _____
2. MALE OR FEMALE _____
3. DATE OF BIRTH _____
4. COUNTY OF BIRTH _____
5. DATE OF DEATH (N/A _____)
6. COUNTY OF DEATH (N/A _____)
7. NAME OF FATHER _____
8. NAME OF MOTHER (MAIDEN) _____
9. PURPOSE IN OBTAINING CERTIFICATE: RECORDS DRIVER'S LICENSE PASSPORT SCHOOL
10. RELATIONSHIP TO PERSON IN LINE ONE: SELF SPOUSE SIBLING PARENT GRANDPARENT
11. APPLICANT'S ADDRESS INCLUDING CITY, STATE AND ZIP CODE

12. NUMBER OF COPIES DESIRED _____
13. SIGNATURE OF APPLICANT _____
14. PHONE # _____

FEES:

ALL BIRTHS CERTIFICATES ---\$23.00 each

DEATH CERTIFICATES -----\$21.00
EACH ADDITIONAL DEATH
CERTIFICATE REQUESTED
AT TIME FIRST COPY MADE -- \$ 4.00

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

RECEIPT # _____

SECURITY PAPER # _____

FILE M # _____

REGISTRAR'S # _____

Date Issued _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF 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 PARENT 1	FULL NAME OF PARENT 2	

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

AFFIDAVIT OF PERSONAL KNOWLEDGE

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

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**RUSK COUNTY CLERK
P.O. BOX 758
HENDERSON, TEXAS 75653**

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)