

OFFICE USE ONLY	
Cert #	
Document Control #	
By _____	

GRIMES COUNTY CLERK MAIL-IN APPLICATION FOR BIRTH OR DEATH RECORD



PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING THE REQUEST. NO PERSONAL CHECKS. MONEY ORDER ONLY We can only issue certified copies of births and deaths that occurred in Grimes County. We can issue Remote Birth Certificates from any county in Texas. All information is required to be completed.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies =	Total	Type	Cost X	# of copies =	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
Remote Birth <input type="checkbox"/>	\$23			Additional Copies	\$4		
TOTAL AMOUNT DUE:				TOTAL AMOUNT DUE:			

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.

* Required Information IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)			
Full Name of Person on Record*	First Name	Middle Name	Last Name
Date of Birth/Death* (Circle one)	Month	Day	Year
Place of Birth/Death* (Circle one)	City or Town	County	State
Full Name of Father*	First Name	Middle Name	Last Name
Full Name of Mother*	First Name	Middle Name	Maiden Name

* Required Information APPLICANT INFORMATION (Part II)		
Applicant Full Name*	Telephone #	Email Address

Full Mailing Address* Street Address _____ **City** _____ **State** _____ **Zip** _____

Relationship to person listed above: _____ **Purpose for obtaining this record:** _____

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

Name of Person Receiving Copies, if different from Applicant: _____

Mailing Address for Copies, if different from Applicant: _____

City _____ State _____ Zip _____

AFFIDAVIT OF PERSONAL KNOWLEDGE (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 in Part I as _____ and who on oath deposes and says that the content of this affidavit are true and correct. (Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature: _____ Date of Application: _____

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

Signature of Notary Public and Notary ID Number: _____

(seal) Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, 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 APPLICATION WITH PAYMENT AND A COPY OF YOUR PHOTO ID TO: **Grimes County Clerk**
270 FM 149 W.
Anderson, Texas 77830