



**FRUTOSO "PEPE" GARZA  
BROOKS COUNTY CLERK  
P.O. BOX 427  
FALFURRIAS, TEXAS 78355  
PHONE (361) 325-5604 EXT. 33**

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**

**BIRTH**

# REQUESTED  
 \_\_\_\_\_ CERTIFIED COPIES X \$23.00 = \_\_\_\_\_  
**TOTAL ENCLOSED = \_\_\_\_\_**

**DEATH**

# REQUESTED  
 \_\_\_\_\_ CERTIFIED COPY X \$21.00 = \_\_\_\_\_  
 \_\_\_\_\_ EXTRA COPIES OF SAME = \_\_\_\_\_  
 \_\_\_\_\_ RECORD X \$4.00 = \_\_\_\_\_  
**TOTAL ENCLOSED = \_\_\_\_\_**

**PLEASE PRINT**

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE ONLY.  
 SOCIAL SECURITY NUMBER OF DECEASED \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ BIRTH PLACE, ETC. \_\_\_\_\_
8. APPLICANT'S NAME: \_\_\_\_\_ 9. TELEPHONE #: \_\_\_\_\_  
 (MON-FRI 8:00-5:00)
10. MAILING ADDRESS: \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP
11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_
12. PURPOSE FOR OBTAINING RECORD: \_\_\_\_\_

**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 & SAFETY CODE, CHAPTER 195, SEC. 195.003)**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

IDENTIFICATION TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_  
**ATTACH PHOTOCOPY** Driver's License, I.D. Card, etc. on Driver's License, I.D. Card, etc.

Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Please **attach a photocopy** of ID to application.  
 Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11) and purpose (item 12) be provided in order to issue the record.