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ELVARAY B. SILVAS
 BROOKS COUNTY CLERK
 P.O. BOX 427
 FALFURRIAS, TEXAS 78355
 PHONE (361) 325-5604 EXT. 3

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH	
# REQUESTED	_____
_____ Certified Copies x \$23.00 =	_____
Total Enclosed	= _____

DEATH/ FETAL DEATH	
# REQUESTED	_____
_____ Certified Copies x \$21.00 =	_____
_____ Extra Copies of same	_____
Record X \$4.00	= _____
Total Enclosed	= _____

PLEASE PRINT

FULL NAME OF PERSON ON RECORD	FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH OR DEATH	MONTH	DAY	YEAR SEX (MALE / FEMALE)
PLACE OF BIRTH OR DEATH	CITY <i>FALFURRIAS</i>	COUNTY <i>BROOKS</i>	STATE <i>TEXAS</i>
FATHER'S FULL NAME	FIRST	MIDDLE	LAST
MOTHER'S MAIDEN NAME	FIRST	MIDDLE	MAIDEN

7. Applicant's Name: _____ 8. Telephone#: _____

9. Mailing Address: _____
 Street Address City State Zip

10. Relationship to Person in Item 1: _____

11. Purpose for obtaining Record: _____

12. Additional Identifying information for Death Certificate ONLY.

Social Security Number of Deceased _____

Birth Date _____ Birth Place, etc. _____

**(APPLICATIONS WITHOUT PHOTO ID AND A SIGNED SWORN STATEMENT
 WILL NOT BE PROCESSED)**

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)

Birth records are confidential for 75 years and death records for 25 year; 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 10) and purpose (item 11) be provided in order to issue the record.

AFFIDAVIT OF PERSONAL KNOWLEDGE

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) (Zip)

Who is related to the person named in Item 1 as _____ and
whom oath deposes and says that the contents of this affidavit signed by me and that the
statements are true and correct.

Signature _____

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

(SEAL)

Printed Name of Notary

Signature of Notary