



ELVARAY B. SILVAS
BROOKS COUNTY CLERK
P.O. BOX 427
FALFURRIAS, TEXAS 78355
PHONE (361) 325-5604 EXT. 150

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. 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. _____

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)

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

Issued by: _____

Receipt # _____

Paper # _____

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