

For Office Use Only
 Cert. # _____
 DOCUMENT CONTROL# _____

 By: _____

Rebecca Bolin, Kerr County Clerk
 700 Main Street, Room 122
 Kerrville, Texas 78028
 Tel: (830) 792-2255
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 rbolin@co.kerr.tx.us

For Office Use Only
 Remit No. _____
 Amount \$ _____
 Cash _____ Check _____
 Date: _____ By: _____

Application for Birth or Death Record

BIRTH
Amount Requested

____ Certified Copy \$23.00 ea

DEATH
Amount Requested

____ Certified Copy \$21.00
 ____ Each Additional Copy \$4.00 ea
 (of the same record)

DONATION Yes,

I wish to make a voluntary contribution of \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program.

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 Parent 1	First Name	Middle Name	Maiden Name/Last Name
6. Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

*****If you were not born in Kerr County, we issue an "Abstract of the Birth Certificate" from Austin's records. The Passport Office will not accept the Abstract of Birth Certificate for issuance of the Passport.*****

7. Your Name : _____ 8. Telephone: (____) _____

9. Mailing Address: _____ City: _____ State/Zip: _____

10. Relationship to person named in Item 1 above: _____

11. Purpose for obtaining this record: _____

12. Additional identifying information for DEATH certificate:

Social Security Number of Deceased _____ Birth Date _____ Birth Place: _____

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable. Checks for amount of purchase only.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON 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)
 Birth records are confidential for 75 years and Death records are confidential for 25 years, therefore, issuance is restricted. The record may be obtained when sufficient information for identification is provided.
 Administrative rules require that on restricted records, all identifying information in Items 1-6 and 10 -12 must be provided in order to issue such record being requested along with a Xerox copy of the identification from the person requesting the record.

Your Signature: _____

Date of Application: _____

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 _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<i>(Seal)</i>	Signature of Notary Public <hr/> Commission Expires <hr/> Typed or Printed Name <hr/> Street Address <hr/> 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)

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