

OFFICE USE ONLY
Cert # _____

**COUNTY CLERK  
ORANGE COUNTY, TEXAS  
123 S 6<sup>TH</sup> ST  
ORANGE TX 77630  
PHONE (409) 882-7055**



**MAIL APPLICATION FOR BIRTH AND DEATH RECORD**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.  
MAKE CHECK OR MONEY ORDER PAYABLE TO: ORANGE COUNTY CLERK**

<input type="checkbox"/> Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$23		
<b>Total</b>			

<input type="checkbox"/> Death Certificates			
Type	Cost X	# of copies=	Total
Certified Copy (1 copy)	\$21		
Additional copies	\$4		
<b>Total</b>			

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.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth or Death	Month	Day	Year	Sex
Place of Birth or Death	City or Town	County	State	
Full Name of Parent 1	First Name	Middle Name	Maiden/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden/Last Name	

APPLICANT INFORMATION (Part II)				
Applicant 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		

**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)**

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 on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)				
The applicant presented the following type and number of identification: _____				
Applicant Signature _____				
Sworn to and subscribed before me, this _____ day of _____, 20____.				
Signature of Notary Public and Notary ID Number _____				
Typed or Printed Name _____				
Commission Expires _____				
Street Address _____				
City, State, Zip _____				

**MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO THE ADDRESS ON THE TOP OF THIS FORM.**