APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

HONORABLE SHARON FERGUSON, BROWN COUNTY CLERK

200 SOUTH BROADWAY STE 101
BROWNWOOD, TX 76801 325-643-2594

PLEASE PRINT

BIRTH CERTIFICATE - $23.00 EACH

_____Abstract (5" X 7") (Remote- not Brown County)
_____Long Form (Brown County Births only)

DEATH CERTIFICATE

__**$21.00** First Certified Copy
___**$4.00** each additional copy ordered at this time

1. **Full name of person on record:** _____
   First Name Middle Name Last Name
2. **Date of Birth or Death:** _____ **3. Sex**_____
   Month Day Year
4. **Place Of Birth/Death:** _____ TEXAS
   City of Town County State
5. **Full Name Of Father:** _____
   First Name Middle Name Last Name
6. **Full Name of Mother:**_____
   First Name Middle Name Last Name (Maiden)
7. **Applicants Full Name:**_____ **8. Relationship to Person In item 1**_____
9. **Mailing Address:**_____
   Number & Street City State Zip
10. **Telephone Number:** (_____)_____
11. **Purpose for obtaining copy of certificate (please check all that apply):**

_____ Driver's License/ID _____ Housing _____ Insurance _____ Passport _____Records
_____ Social Security _____ School _____ Travel _____ Veterans _____ Welfare
Other (explain): _____

12. **Additional Identifying Information for Death Certificate:**
    Birth Date_____Birth Place_____

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. (Texas Health & Safety Code, Chapter 195, Sec. 195.003; Texas Penal Code, Chapter 12 and Chapter 37, Sec.37.10)**

NOTICE: **Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the Registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.**

_____ _____
Your Signature **Date of Application**

By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above

Please make money order or cashier's check payable to: BROWN COUNTY CLERK

IF REQUESTING BY MAIL, PLEASE INCLUDE A VALID, LEGIBLE COPY OF PHOTO DL/ID CARD OF THE APPLICANT AND APPLICATION MUST BE NOTARIZED

OFFICE USE ONLY

Registrar File # _____ Volume _____ Page _____ Date Issued_____
Copies Issued _____ Receipt # _____ Deputy Initials _____

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED

Signed By: _____

ID Type & #: _____ **Expiration Date:** _____