OFFICE USE ONLY
Cert #_____
Date: _____
Issued by:_____
Amount $_____
Certificate/Book

Bosque County Clerk
PO Box 617, Meridian Tx 76665
254-435-2201
county_clerk@bosquecounty.us

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
Make check or money orders payable to: Bosque County Clerk.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size ☐ Long form ☐	$23.00			Certified Copy (1 copy)	$21		
Optional USPS Express Return Delivery ☐	$19.95			Additional Copies	$4		
Total				**Total**			

☐ **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/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name		Maiden Name/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

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_____.

(Seal) Signature of Notary Public and Notary ID Number_____

Typed or Printed Name: _____

Commission Expires: _____

Street Address:_____

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.

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Bosque County Clerk
P.O. Box 617, Meridian TX 76665