



OFFICE USE ONLY

Cert #

DOCUMENT CONTROL #

By \_\_\_\_\_

OFFICE USE ONLY

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: Bastrop County Clerk For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Table with 2 main sections: Birth Certificates and Death Certificates. Each section has columns for Type, Cost X, # of copies=, and 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.

BIRTH/DEATH RECORD INFORMATION

Form for Birth/Death Record Information with fields for Full Name of Person on Record, Date of Birth/Death, Place of Birth/Death, and Full Name of Parent 1 and 2.

REQUESTOR INFORMATION

Form for Requestor Information with fields for Requestor Name, Telephone #, Email Address, Full Mailing Address, and Purpose for obtaining this record.

authorize mailing to the address below. I have verified that the address below will receive my order.

Form for Name of Person Receiving Copies, Mailing Address for Copies, 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.

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID

TO: Bastrop County Clerk

P.O. Box 577

Bastrop, TX 78602

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

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This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

# NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ <span style="margin-left: 400px;">(Name)</span> now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span> who is related to the person named on part I as _____ <span style="margin-left: 250px;">(Relationship)</span> and who on oath deposes and says the contents of this affidavit are true and correct.  Signature _____ Sworn to and subscribed before me, this _____ day of _____, 20____.	
<i>(Seal)</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Signature of Notary Public</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Commission Expires</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Typed or Printed Name</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Street Address</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">City, State and Zip</div>

**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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

Bastrop County Clerk  
PO Box 577  
Bastrop, TX 78602

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