

TAMMY BIGGAR
Fannin County Clerk's Office
 101 E. Sam Rayburn Drive, #102
 Bonham Tx 75418
 903-583-7486

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH RECORD - CLOSED RECORD TO PUBLIC

REQUESTED _____

_____ Certified Copies X \$23.00 = _____

TOTAL ENCLOSED = _____

DEATH - CLOSED RECORD TO PUBLIC

REQUESTED _____

_____ Certified Copies X \$21.00 = _____

_____ Extra Copies of Same Record = _____

\$4.00 EXTRA FOR EACH = _____

TOTAL ENCLOSED = _____

PLEASE PRINT
 See 5^{TF} PAGE for Instructions

MUST BE COMPLETELY FILLED OUT AND SIGNED WITH I.D.

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 Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. **YOUR NAME:** _____ 8. **TELEPHONE #:** (____) _____

(MON-FRI 8:00-5:00)

9. **MAILING ADDRESS:** _____
STREET ADDRESS CITY STATE ZIP

10. **RELATIONSHIP TO PERSON NAMED IN ITEM 1:** _____

11. **PURPOSE FOR OBTAINING THIS RECORD:** _____

12. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE.**
 SOCIAL SECURITY NUMBER OF DECEASED: _____
 BIRTH DATE _____ BIRTH PLACE, ETC. _____

13. If certified copy is to be mailed to some other person, please complete:
 Name _____ Street Address _____
 City _____ State _____ Zip Code _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN 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)

YOUR SIGNATURE _____ DATE OF APPLICATION _____

NOTE: IF MAILING REQUEST, YOU MUST PROVIDE COPY OF I.D. ALONG WITH PAYMENT

OFFICE USE ONLY

IDENTIFICATION TYPE (Drivers License, I.D. Card, etc) _____ NUMBER (on Drivers License, I.D. Card, etc.) _____

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 _____ <div style="text-align: right; margin-right: 50px;">(Name)</div>	
} [_____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (Address) (City) (State) </div>	
who is related to _____ <div style="text-align: center; margin-left: 100px;">(Relationship)</div>	
I declare the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
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)

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Fannin County Clerk, Tammy Biggar
 County Clerk
 101 E. Sam Rayburn, Ste. 102
 Bonham, TX 75418**

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

Instructions for Application for Certified Copy of Birth or Death Record

- ! Fees are subject to change without notice. For any search where the record is not found, the searching fee is non-refundable or transferable.
- ! Birth records are confidential for 50 years and death records are confidential for 25 years; therefore, issuance is restricted.
- ! Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 10), and purpose (Item 11) be provided in order to issue the record.
- ! Check the appropriate box for either a birth or death record and indicate the number of records requested.

- Item 1. Full Name of Person on Record C Enter the full name of the person shown on the record being requested.
- Item 2. Date of Birth or Death C Enter the exact date of birth or death. If the exact date of death is not known, enter the date the person was last known to be alive.
- Item 3. Sex C Enter male or female.
- Item 4. Place of Birth or Death C Enter the name of the city or county in which the birth or death occurred. If the exact place of death is not known, enter the last address known when the person was alive.
- Item 5. Full Name of Father C Enter the full name of father of the person shown on the record.
- Item 6. Full Maiden Name of Mother C Enter the full maiden name of the mother of the person shown on the record.
- Item 7. Your Name C Enter your full name.
- Item 8. Telephone C Enter your telephone number with area code where you can be reached between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.
- Item 9. Mailing Address C Enter your complete current mailing address.
- Item 10. Relationship to Person Named in Item 1 C Enter how you are related to the person whose record you are requesting.
- Item 11. Purpose for Obtaining this Record C Enter the reason or purpose for which you are requesting this record.
- Item 12. Additional Identifying Information for Death Certificate C The following additional information assists our staff in positively identifying a record when exact dates, places and spelling of the name(s) are not known for a death certificate: Social Security Number of Deceased, Birth Date, and Birth Place, etc.
- Item 13. If certified copy is to be mailed to some other person, please complete C Enter the complete current mailing address of the person who is to be mailed the certified copy(ies), if someone other than yourself.