

For Office Use Only
 Cert. # _____
 DOCUMENT CONTROL#

 By: _____

Valerie Del Toro Romero
Uvalde County Clerk
 #20 Courthouse Square
 Uvalde, Texas 78801
 Tel: (830) 278-6614
 Fax: (830) 278-8692
 vromero@uvaldecountry.com

For Office Use Only
 Remit No. _____
 Amount \$ _____
 Cash _____ Check _____
 Date: _____ By: _____

Application for Birth or Death Record

BIRTH
Amount Requested
 _____ Certified Copy \$23.00 each

DEATH
Amount Requested
 _____ Certified Copy \$21.00
 _____ Each Additional Copy \$4.00 each
 (of the same record)

PLEASE PRINT

| | | | |
|----------------------------------|--------------|-------------|-------------|
| 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 |

* If you were not born in Uvalde County, an "Abstract of Birth Certificate" is issued from the Texas Department of State Health Services, Vital Statistics Unit Records *** The "Abstract of Birth Certificate" may not meet the requirements to obtain a passport *

7. Your Name : _____ 8. Telephone: () _____

9. Mailing Address: _____ City: _____ State/Zip: _____

10. Relationship to person named in Item 1 above: _____

11. Purpose for obtaining this record: _____

12. Additional identifying information for DEATH certificate:

Social Security Number of Deceased _____ Birth Date _____ Birth Place: _____

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable. Cash payment only. Payment of Cashier's Check or Money Order made payable to Uvalde County Clerk is required on application by mail. Personal Checks ARE NOT accepted. Please DO NOT mail cash money.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)
Birth records are confidential for 75 years and Death records are confidential for 25 years, therefore, issuance is restricted. The record may be obtained when sufficient information and identification is provided.

Administrative rules require that on restricted records, all identifying information in Items 1-6 and 10 -12 must be provided in order to issue such record being requested along with a xerox copy of the identification from the person requesting the record.

Your Signature: _____

Date of Application: _____

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 _____ (Name) | |
| now residing at _____ (Address) (City) (State) | |
| who is related to the person named on Part I as _____ and who on oath deposes and (Relationship) | |
| says that 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:
Valerie Del Toro Romero
Uvalde County Clerk
#20 Courthouse Square
Uvalde, Texas 78801**

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