

Stephanie Wurtz, County Clerk
Matagorda County, Texas
1700 7th Street, Room 202
Bay City, Texas 77414

The searching Fee is non-refundable or transferable if a record is not found

Birth _____ Death _____
_____ Each Certified Copy X \$23.00 _____ Certified copies X \$21.00
_____ Total Cost _____ Each extra copy X \$4.00
_____ Total Cost

Applicants Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip code _____

Telephone # (_____) _____

Relationship to the person named in item #1 below _____

Purpose for obtaining this record _____

1. Name on record _____
(Last) (First) (Middle)

2. Date of Birth or Death: Month _____ Day _____ Year _____

3. Place of Birth or Death: City _____ County _____ State _____

4. Fathers name _____
(Last) (First) (Middle)

5. Mothers name _____
(Last) (First) (Middle)

WARNING: The penalty for making a false statement in the 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)

_____ X _____

Date of Application

Signature of Applicant

Identification type _____ Date issued _____
(Driver's License, ID card, Etc.) (On Driver's License)

No. of certificates issued _____ Birth Certificate number _____ By _____
(Deputy)

_____ 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.

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 1 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:

**MATAGORDA COUNTY CLERK
1700 7TH STREET, ROOM 202
BAY CITY, TEXAS 77414**

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