

Stephanie Wurtz, County Clerk
Matagorda County, Texas
1700 7th Street, Room 202
Bay City, Texas 77414-5094

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 _____

Street Address _____ (Last) _____ (First) _____ (Middle) Telephone # (____) _____

City _____ State _____ Zip Code _____

Relationship to 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 _____ Sex _____

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

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

5. Mothers Maiden Name _____ (Last) _____ (First) _____ (Middle)

6. If Certified Copy is to be mailed to some other person, Please Complete:

Name _____ Street Address _____

City _____ State _____ Zip Code _____

WARNING: The Penalty for 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)

_____ **Date of Application**

_____ **Signature of Applicant**

Identification Type _____ Date Issued _____
(Driver's License, ID Card, Etc.) (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 I as _____ (Relationship) and who on oath deposes and 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:
 Texas Vital Records
 Department of State Health Services
 P.O. Box 12040
 Austin, TX 78711-2040

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