



Office Use Only

Volume: _____ Page: _____
 Document Control #: _____
 Security Paper: _____
 By: _____

**Heather H. Hawthorne
 Chambers County Clerk
 P.O. Box 728
 Anahuac, Texas 77514**

Office Use Only

Cash Debit Card
 Check Credit Card

By: _____

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to Chambers County Clerk.

<input type="checkbox"/> Birth Certificates			
Type	Cost	Copies	Total
Certified copy	\$23		
Total			

<input type="checkbox"/> Death Certificates			
Type	Cost	Copies	Total
First certified copy	\$21	1	
Additional copies	\$4		
Total			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood development by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

BIRTH/DEATH RECORD INFORMATION

Full Name of Person on Record	First Name	Middle Name		Last Name
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town		County	State
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

REQUESTOR INFORMATION

Requestor Name	Phone Number	Email Address
Full Mailing Address	Box # or Street Address	City State Zip
Relationship to person listed above:	Purpose for obtaining this record:	

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

Name of person receiving copies, if different from requestor			
Mailing address for copies, if different from requestor			
Address	City	State	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)

Your Signature _____ Date of Application _____

**APPLICATIONS WITHOUT SIGNATURE OF APPLICANT, PHOTO ID AND ATTACHED SWORN STATEMENT WILL NOT BE PROCESSED
 MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

Chambers County Clerk
 PO Box 728
 Anahuac, TX 77514



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 being 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
	Type 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)

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT, PHOTO ID AND SWORN STATEMENT WILL NOT BE PROCESSED

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

Chambers County Clerk
 PO Box 728
 Anahuac, TX 77514