



CLARA JONES

PANOLA COUNTY CLERK



OFFICE USE ONLY:	
VOLUME: _____	PAGE: _____
CERTIFICATE #: _____	

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH		DEATH	
# REQUESTED		# REQUESTED	
_____	Certified Copies X \$23.00 = _____	_____	Certified Copies X \$21.00 = _____
	TOTAL ENCLOSED = _____	_____	Extra Copies of
		_____	Same Record X \$4.00 = _____
			TOTAL ENCLOSED = _____

PLEASE PRINT
See Reverse Side For Instructions

Full Name of Person on Record	_____		_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Date of Birth or Death	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth or Death	_____		_____
	<i>City or Town</i>	<i>County</i>	<i>State</i>
Full Name of Father	_____		_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Full Maiden Name of Mother	_____		_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Maiden Name</i>

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

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.: _____

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 _____

OFFICE USE ONLY	
_____	_____
<small>IDENTIFICATION TYPE (Drivers License, I.D. Card, etc)</small>	<small>NUMBER (on Drivers License, I.D. Card, etc.)</small>

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 75 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. Enter the full name of the person shown on the record being requested.
- Item 2. Date of Birth or Death. 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. Enter male or female.
- Item 4. Place of Birth or Death. 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. Enter the full name of father of the person shown on the record.
- Item 6. Full Maiden Name of Mother. Enter the full maiden name of the mother of the person shown on the record.
- Item 7. Your Name. Enter your full name.
- Item 8. Telephone. 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. Enter your complete current mailing address.
- Item 10. Relationship to Person Named in Item 1. Enter how you are related to the person whose record you are requesting.
- Item 11. Purpose for Obtaining this Record. Enter the reason or purpose for which you are requesting this record.
- Item 12. Additional Identifying Information for Death Certificate. 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.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO CLARA JONES, COUNTY CLERK.

MAIL COMPLETED APPLICATION, COPY OF DRIVER'S LICENSE, AND SELF-ADDRESSED, STAMPED ENVELOPE ALONG WITH PAYMENT TO:

**CLARA JONES
PANOLA COUNTY CLERK
110 S. SYCAMORE ST., ROOM 201
CARTHAGE, TEXAS 75633**