

Applications for Birth or Death Certificates

All applications for certified birth or death certificates must meet the following guidelines:

1. Copies of certificates for births that occurred within the past 75 years and deaths that occurred within the past 25 years may only be provided to properly qualified applicants, which includes the registrant, or immediate family member either by blood, marriage or adoption, his or her guardian, or his or her legal agent or representative [TAC 181.1(21)]. Immediate family members are children, guardians, spouses, parents, siblings and grandparents [TAC 181.1(13)].
2. All applicants must present one form of primary identification (not expired for more than 90 days, with name and photo) with a United States issuance origin, which include:
 - Driver's License
 - Federal or State Identification Card
 - Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card
 - Offender Identification card issued by the Department of Criminal Justice correctional facility or institution
 - Military Identification Card
 - Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued identification
 - United States Department of State issued Border Crossing Card or Visa
 - Concealed Handgun License
 - Pilot's License
 - United States Passport

Or, two pieces of secondary identification, which include:

- Current student identification
- Any primary identification card that is expired
- Signed Social Security Card or Numident
- DD Form 214
- Medicaid Card or Medicare Card
- Veterans Affairs Card
- Medical insurance card
- Foreign passport accompanied by a Visa issued by the US Dept of State
- Foreign passport in accordance with the United States Dept of State, Visa Waiver Program
- Certified birth certificate from the Dept of State (FS-240, DS-1350 or FS-545)
- Private company employment identification card
- Form I-94 accompanied by the applicant's Visa or Passport
- Mexican voter registration card
- Foreign identification with identifiable photo of applicant

Please call the County Clerk's office for a list of acceptable supporting documents not listed here.

3. All applicants must complete and present or mail in the application subscribed by the Panola County Clerk's Office, which clearly identifies the vital record of interest.
4. All applications must be accompanied by cash, check, money order or credit/debit card payment in the amount of \$23.00 for birth certificates and \$21.00 for one copy of a death certificate, plus \$4.00 for each additional death certificate ordered at the same time.

Applications received by mail *must* include the completed Affidavit.

APPLICATIONS THAT DON'T MEET THESE REQUIREMENTS WILL NOT BE PROCESSED.

**Panola County Clerk
110 S. Sycamore Room 201
Carthage, TX 75633
Questions? (903)693-0302**



Bobbie Davis
 Panola County Clerk
 110 S Sycamore Rm 201
 Carthage TX 75633

Application for Birth or Death Record

Please Print. Application must be original, including signature. No cross out or white out will be accepted. Include a photocopy of your valid ID when mailing request. Affidavit must be completed for mail in requests.

Birth Certificates			
	Cost Per Certificate	# Requested	Total
Cert Copy	\$23.00 X		
Total Enclosed (Check/MO Payable to Panola County Clerk)			

Death Certificates			
	Cost Per Certificate	# Requested	Total
Cert Copy	\$21.00 X	1	\$21.00
Add'l Copies	\$4.00 X		
Total Enclosed (Check/MO Payable to Panola County Clerk)			

1. Your Information (Please Print)

Name: _____ Phone Number: _____
First Middle Last

Address: _____
City State Zip

Your Relationship to Person Named on Record: Self Parent Other _____

Purpose for Obtaining Record: Passport School Insurance Records Other _____

I authorize mailing to the address below instead of my mailing address. I've verified that the address below will receive my order.

Name: _____
First Middle Last Suffix

Address: _____
City State Zip

2. Information for Person Named on Birth/Death Record

Name: _____
First Middle Last Suffix

Date of Birth: ____/____/____ Date of Death: ____/____/____ Place of Birth/Death: _____
Month Day Year Month Day Year City County

Parent 1: _____
First Middle Last or Maiden Suffix

Parent 2: _____
First Middle Last or Maiden Suffix

Your Signature: _____ Date Signed: _____

3. Affidavit (FOR MAIL IN ORDERS ONLY)

State of _____
 County of _____

This instrument was acknowledged before me on _____ by _____
Date Applicant

Seal

 Notary's Signature

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000 (HEALTH & SAFETY CODE, CHAPTER 195, SEC. 195.003).

Office Use Only: Vol _____ Page _____ Cert No _____