

STEPHANIE M. SANDERS
ROBERTSON COUNTY CLERK
PO BOX 1029
FRANKLIN, TEXAS 77856
979-828-4130

MAIL APPLICATION FOR BIRTH & DEATH

Birth				Death			
Type	Cost X	# of Copies	Total	Type	Cost X	# of Copies	Total
Long Form	\$23.00			Certified Copy (1 copy)	\$21.00		
				Additional Copies	\$4.00		
Total				Total			

IDENTIFY BIRTH RECORD OR DEATH RECORD INFORMATION (PART I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
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

APPLICANT INFORMATION (PART II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	City	State
		Zip
Relationship to person listed above	Purpose for Obtaining this record:	
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.		
Name of Person receiving copies (if different from Applicant)		
Mailing Address for Copies (if different from Applicant)		
City	State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (PART III))

STATE OF _____ COUNTY OF _____

Before me on this day appeared _____ now residing at _____
(Applicant Name)

_____ who is related to the _____
(Address) (City) (State) (Zip)

person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

The applicant presented the following type and number of identification: _____

Applicant Signature: _____

(Seal)

Sworn to and subscribed before me, this _____ day of _____, _____.

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name _____

Commission Expires: _____

Street Address: _____

City, State, Zip Code: _____

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 APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO THE ADDRESS ABOVE

Office Use Only

Issued to: _____	Date issued: _____
Type of ID: _____	Control #: _____ Clerk's Initial: _____