OFFICE USE ONLY Cert. #
Document Control #
Ву



OFFICE USE ONLY					
Receipt / Track No.					
Amount \$					
Cash Che	eck				
Credit Card					
Date					
Е	Ву				

			er County		Date	
Drawer 119				Ву		
		Alpine, T	exas 79831		, <u> </u>	
Birth Certificates # Requested		Please Print Page 2 for instructions		Death Certificates # Requested		
Certified Copy	x \$26.00			Certified (Copy x \$21.00	
Abstract Copy x \$26.00		Extra		Extra Cop	a Copy of Same Record x \$4.00	
Total Enclosed =					Total Enclosed =	
			T			
1. Full Name of	FIRST NAME		MIDDLE NAME		LAST NAME	
Person on Record	MONTH		DAY /	VEAR	SEX	
2. Date of Birth or Death	MONIII		DAY / YEAR		MALE FEMALE	
3. Place of Birth or	CITY OR TOWN		COUNTY		STATE	
Death						
4. Full Name of	FIRST NAME		MIDDLE NAME		LAST NAME	
Father						
5. Full Maiden	FIRST NAME		MIDDLE NAME		LAST NAME	
Name of Mother						
6 Vour Nama			7 Tolon	hono #• (1	
8 Mailing Address:			/. Telep	11011c #. ()	
	Street Address		City	Sta	nte Zip	
9. Relationship to Perso	n Names in Item 1:					
10. Purpose for Obtaining	ng this record:					
	ation for Death Certificate					
	Number of Deceased		Dlaga of Dis	#1h		
Date of Birth Place of Birth						
found, the searching fee rate(s) was set by the Te- years and death records to	is not refundable or transfer	rable. You ca as not mandat ance is restric	in expect to receive ted by the Texas L cted. Administrativ	e your certificate egislature. Birth re ve rules require th	records are confidential for 75 at on restricted records, all	
	ENALTY FOR KNOW PRISON AND A FINE (T IN THE FORM CAN TETY CODE, CHAPTER	
ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.						
SIGNATURE	GNATURE DATE OF APPLICATION					
	ENTIFICATION TYPE NUMBER					
IDENTIFICATION 11.	IL		NU	MIDEN		

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NOTARIZED PROOF OF IDENTIFICATION

ENTER NAME, DATE AND PLACE OF BIRTH / DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/ DEATH **CERTIFICATE** DATE OF BIRTH / DEATH FULL NAME OF PERON ON RECORD PLACE OF BIRTH / DEATH (CITY OR COUNTY) SEX FULL NAME OF PARENT 1 FULL NAME OF PARENT 2 ENTER RELATIONSHIP TO PERSON ONRECORD 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 THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC STATE OF _ COUNTY OF ___ Before me on this day appeared ___ Now residing at _ Who is related to the person named on Part 1 as ______ 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____ Signature of Notary Public Commission Expires Typed or Printed Name Street Address

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THE DOCUMENT. THE PENALTY FOR KNOWINLY MAKING A FALSE STATEMENT ON THIE FORM OR FOR SIGNING A FORM WHICH CONTAINSA 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)

City, State and Zip

 $\hbox{\it MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO: \\$

Sarah Vasquez County Clerk Brewster County Drawer 119 Alpine, Texas 79831

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