

**BREWSTER COUNTY CLERK FEE SCHEDULE**

<b>STANDARD REAL ESTATE – FIRST PAGE</b>	<b>\$26.00</b>
<b>-EACH ADDITIONAL PAGE</b>	<b>\$4.00</b>
<b>-EACH INDEXED NAME (IN EXCESS OF 5 NAMES)</b>	<b>\$1.00</b>
<b>FEDERAL TAX LIENS RELEASE</b>	<b>\$26.00</b>
<b>HOSPITAL LIEN</b>	<b>\$26.00</b>
<b>ABSTRACT OF JUDGMENT</b>	<b>\$26.00</b>
<b>ASSUMED NAME CERTIFICATE</b>	<b>\$31.50</b>
<b>ADDITIONAL NAME</b>	<b>.50</b>
<b>NOTICE OF FORECLOSURE</b>	<b>\$25.00</b>
<b>WINE AND BEER APPLICANT</b>	<b>\$38.00</b>
<b>SUBDIVISION PLATS</b>	<b>\$50.00</b>
<b>PLAT COPY</b>	<b>\$15.00</b>

**OFFICIAL RECORDS FEES**

<b>SEARCH FEES</b>	<b>\$5.00</b>
<b>CERTIFICATION</b>	<b>\$5.00</b>
<b>COPIES (PER PAGE)</b>	<b>\$1.00</b>

**VITAL STATISTICS FEES**

<b>MARRIAGE LICENSE</b>	<b>\$82.00</b>
<b>OUT OF STATE</b>	<b>\$100.00</b>
<b>TWO-GETHER IN TEXAS</b>	<b>\$22.00</b>
<b>INFORMAL MARRIAGE LICENSE</b>	<b>\$35.00</b>
<b>CERTIFIED COPY OF MARRIAGE LICENSE</b>	<b>\$20.00</b>
<b>CATTLE BRAND</b>	<b>\$30.00</b>
<b>MARKS</b>	<b>\$5.00</b>

<b>DD214- VETERANS DISCHARGE</b>	<b>NO FEE</b>
<b>COPY OF BIRTH CERTIFICATE</b>	<b>\$22.00</b>
<b>PLACTIC SLEEVE PROTECTOR</b>	<b>\$3.00</b>
<b>COPY OF DEATH CERTIFICATE</b>	<b>\$20.00</b>
<b>COPY OF DEATH CERTIFICATE-AFTER 1<sup>ST</sup> COPY</b>	<b>\$4.00</b>
<b>VITALS SEARCH FEE</b>	<b>\$10.00</b>
<b>LIS PENDENS</b>	<b>\$50.00</b>

OFFICE USE ONLY
Cert. # _____
DOCUMENT CONTROL # _____
By _____



OFFICE USE ONLY
Receipt/Track No. _____
Amount \$ _____
Cash _____ Check _____
<b>CREDIT CARD</b>
Date _____ By _____

**Birth Certificates**

# REQUESTED  
 \_\_\_ CERTIFIED COPIES X \$25.00 \_\_\_  
 \_\_\_ ABSTRACT COPY X 25.00 \_\_\_  
 TOTAL ENCLOSED = \_\_\_\_\_

**PLEASE PRINT**  
 See Reverse Side for Instructions

**Death Certificates**

# REQUESTED  
 \_\_\_ CERTIFIED COPY X \$20.00 \_\_\_  
 \_\_\_ EXTRA COPIES OF SAME RECORD X \$4.00 \_\_\_  
 TOTAL ENCLOSED = \_\_\_\_\_

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Place of Birth or Death	City or Town	County		State
4. Full Name of Father	First Name	Middle Name		Last Name
5. Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

6. YOUR NAME: \_\_\_\_\_ 7. TELEPHONE #: \_\_\_\_\_ ( ) \_\_\_\_\_

8. MAILING ADDRESS: \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP

9. RELATIONSHIP TO PERSON NAMES IN ITEM 1: \_\_\_\_\_

10. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

11. ADDITIONAL IDENTIFYING FOR DEATH CERTIFICATE  
 SOCIAL SECURITY NUMBER OF DECEASED \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_ BIRTH PLACE, ECT. \_\_\_\_\_

Fees are subject to change without notice (call 512-458-7111 for fee verification). For any search of the files where a record is not found, the searching fee is not refundable or transferable.  
 You can expect to receive your certificate within 6-8 weeks.  
 This fee rate(s) was set by the Texas Board of Health and was not mandated by the Texas Legislature.  
 Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted.  
 Administrative rules require that on restricted records, all identifying information (Item 1-5), relationship (Item 9), and purpose (Item 10) be provided in order to issue the record.

**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)**

**ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.**

YOUR SIGNATURE \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_  
 IDENTIFICATION TYPE \_\_\_\_\_ NUMBER \_\_\_\_\_

## NOTARIZED PROOF OF IDENTIFICATION

<b>ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>	
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

<b>ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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
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)**

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

**BERTA RIOS-MARTINEZ  
COUNTY CLERK  
BREWSTER COUNTY  
DRAWER 119  
ALPINE, TEXAS 79831**

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