

OFFICE USE ONLY

State File # \_\_\_\_\_  
 Volume/Page \_\_\_\_\_  
 Document Security# \_\_\_\_\_  
 Issuing Clerk: \_\_\_\_\_

**Johnson County Clerk**  
**P.O. Box 1986**  
**Cleburne TX 76033**  
**817-556-6191**

OFFICE USE ONLY

Receipt No: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Cash Debit Ck/Mo  
 Cashier: \_\_\_\_\_

**Mail-In Application for Birth or Death Record**

*Qualified Applicants - person of record or immediate family member with valid government- issued photo ID*

**BIRTH CERTIFICATE - Price is \$23.00 cash or \$24.15 credit, no personal checks accepted.**

Please select one of the options below and enter the number of certified copies requested.

\_\_\_\_\_ Texas Birth Abstract Short-Form (Warning: Abstracts may not be suitable for Passport application, Court, Immigration, Indian Registry or Baptismal purposes – no refunds)

\_\_\_\_\_ Johnson County Birth Long-Form (Available if the birth occurred in Johnson County – County Clerk is the record-holder)

**DEATH CERTIFICATE – Price is \$21.00/one copy, \$4.00/each additional copy of same record – cash.**

**Additional 5% fee if paying by credit card, no personal checks accepted.**

Please enter the number of certified copies requested.

\_\_\_\_\_ Certified Copy x \$21.00      \_\_\_\_\_ Extra Copies x \$ 4.00

\_\_\_ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services Commission. GC §118.018

<b>1. Full Name of Person on Record</b>	First Name	Middle Name		Last Name
<b>2. Date of Birth or Death</b>	Month	Day	Year	<b>3. Sex</b>
<b>4. Place of Birth or Death</b>	City or Town	County		State
<b>5. Full Name of Parent 1</b>	First Name	Middle Name		Maiden Name/Last Name
<b>6. Full Name of Parent 2</b>	First Name	Middle Name		Maiden Name/Last Name

7. Requestor Name: \_\_\_\_\_ 8. Daytime Phone #: \_\_\_\_\_ Email \_\_\_\_\_

9. Mailing Address: \_\_\_\_\_  
 Street Address City State Zip

10. Relationship to Person Named in item 1: \_\_\_\_\_

11. Purpose for obtaining this record: \_\_\_\_\_

If certified copy is to be issued to another person, please complete the name and address of person receiving copies if different from Requestor.

Name \_\_\_\_\_ 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 & Safety Code, Chapter 195, Sec. 195.003)**

\_\_\_\_\_  
 Your Signature Date  
 Signature indicates you have read and accept this form.

\_\_\_\_\_  
 Authorized Representative (If applicable) Date

**Signature, Copy of Valid Photo ID and Sworn Statement/Notary Form (page 2) Required**

**NOTARIZED PROOF OF IDENTIFICATION (for mail-in applications)**

<b>PART I. Enter name, date, place of birth/death and names of parents as listed 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>PART II. Enter Relationship to person on record and the type and number of ID used when notarized.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE & NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE (for mail-in applications)**

<b>PART III. This section must be signed in the presence of a Notary Public.</b>
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ <span style="margin-left: 350px;">(Name)</span> now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 250px;">(City)</span> <span style="margin-left: 100px;">(State)</span> who is related to the person names on Part I as _____ <span style="margin-left: 300px;">(Relationship)</span> and who on oath deposes and says that the contents of this affidavit are true and correct.  Signature of Applicant _____  Sworn to and subscribed before me, this _____ day of _____, 20 _____.

*(Seal)*

Signature of Notary Public
Commission Expires
Typed or Printed Name of Notary
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. (Texas Health & Safety Code, Chapter 195, Sec. 003)**

Mail this sworn statement, application, payment and a legible photocopy of your valid government-issued photo ID to:  
**JOHNSON COUNTY CLERK-VITALS**  
**PO BOX 1986**  
**CLEBURNE TX 76033**

**(Applications without this sworn statement and legible copy of valid government-issued photo ID cannot be processed)**