

OFFICE USE ONLY

State File # \_\_\_\_\_  
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 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: \_\_\_\_\_

**Walk-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 Authorized Representative (If applicable) Date  
*Signature indicates you have read and accept this form.*

**Signature and copy of valid legible Photo ID required for Applicant and/or Authorized Representative.**