

NO REFUNDS ON ANY PRINTED VITAL STATISTIC RECORDS

OFFICE USE ONLY

State File # _____

Volume/Page _____

Document Security# _____

Issuing Clerk: _____

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

Mail-In Application for Birth or Death Record

OFFICE USE ONLY

Receipt No: _____

Date Issued: _____

Amount \$ _____
 Cash Debit Ck/Mo

Cashier: _____

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 Card. No personal checks accepted.
 Please select one of the options below and enter the number of certified copies requested.

_____ Texas Short-Form (Abstract) BC: Available for births in a Texas hospital.

Warning: Abstracts may not be suitable for Passport application, Court, Immigration, Indian Registry or Baptismal purposes.

_____ Texas Long-Form (Detailed) BC: Available for births in Johnson County and are acceptable for any needed purpose.

DEATH CERTIFICATE – Price is \$21.00 Cash or \$22.05 Credit Card. No personal checks accepted.
 Please enter the number of certified copies requested.

_____ Certified Copy x \$21.00 _____ Additional Copies (Of the Same Record) x \$ 4.00

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	3. Sex
4. Place of Birth or Death	City or Town	County		State
5. Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
6. Full Name of Parent 2	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 a certified copy is to be issued to another person, please complete the name and address of the person receiving the copy 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. (Texas Health & Safety Code, Chapter 195, Sec. 195.003)

Your Signature _____ Date _____ Authorized Representative (If applicable) _____ Date _____
 Your signature indicates you have read and accepted this form.

A signature, Copy of Valid Photo ID, and Sworn Statement/Notary Form (Page 2) Required

The County Clerk's Office is the record-holder of Johnson County Records and can provide Birth Records (Abstracts) from anywhere in the State. The County Clerk's Office DOES NOT create these records.

NOTARIZED PROOF OF IDENTIFICATION

PART I. Enter name, date, place of birth/death and names of parents as listed on Birth/Death Certificate		
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	
PART II. Enter Relationship to person on record and the type and number of ID used when notarized.		

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE & NUMBER OF ID ACCEPTED WHEN NOTARIZED
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AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. This section must be signed in the presence of a Notary Public.
STATE OF _____
COUNTY OF _____
Before me on this day appeared _____ (Name)
now residing at _____ (Address) (City) (State)
who is related to the person names on Part I as _____ (Relationship) 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. 195.003)

Mail this application, sworn statement, payment, and a legible photocopy of your valid government-issued photo ID to:
 JOHNSON COUNTY CLERK
 ATTN: VITAL STATISTICS
 P.O. BOX 1986
 CLEBURNE, TX 76033

Applications without this Sworn Statement and a legible copy of a valid, government-issued photo ID cannot be processed.