

NO REFUNDS ON ANY PRINTED VITAL STATISTIC RECORDS

OFFICE USE ONLY

State File # _____
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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

Your signature indicates you have read and accepted this form.

Authorized Representative (If applicable) Date

A Signature and a Copy of a Valid Photo ID 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.