



# Kara Sands

NUECES COUNTY CLERK

P.O. Box 2627  
Corpus Christi, TX 78403  
Office: (361) 888-0580

County Clerk Homepage:  
<http://www.nuecesco.com/countyclerk>

## APPLICATION FOR CERTIFIED COPIES OF BIRTH OR DEATH CERTIFICATES

<b>Birth</b>	\$23.00 per copy \$1.00 Protective Sleeve (optional)	# Requested _____ # Requested _____	Total Due \$ _____
<b>Death</b>	\$21.00 for the first copy, \$4.00 each additional copy	# Requested _____	Total Due \$ _____

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. MAKE CHECK PAYABLE TO: NUECES COUNTY CLERK

Name on Record \_\_\_\_\_  
First Middle Last

Date of  Birth  Death\* \_\_\_\_\_ County of  Birth  Death\* \_\_\_\_\_  
Month / Day / Year

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_  
First Middle Last (Maiden)

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.

### \*ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATES ONLY

Social Security Number of the Deceased \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_

I authorize mailing to the address below. I have verified that the address below will receive my order.

### APPLICANT INFORMATION (This information must be filled out completely.)

Name \_\_\_\_\_

Full Address \_\_\_\_\_  
Street Address City State Zip Code

Relationship to Person Named \_\_\_\_\_

Purpose for Obtaining this Record \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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)

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO THE ADDRESS LISTED ABOVE.

A qualified applicant is defined as the registrant, or immediate family member either by blood or marriage, his or her guardian, or his or her legal representative.

## NOTARIZED PROOF OF IDENTIFICATION

**PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS 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 OF ID USED.**

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## 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 named on Part I as \_\_\_\_\_ (Relationship) 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 \_\_\_\_\_.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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

Nueces County Clerk  
Filing Department  
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