## APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE COUNTY CLERK, CLAY COUNTY Sasha Kelton

P.O. Box 548, 214 N. Main St., Henrietta, Texas 76365 Phone (940) 538-4631

Quantity of Birth Certified Copies	\$23 each		Quantity of Death Certified Copies		\$21 First copy \$4 each additional			
					ya cacii addicional			
	IDENTIFY T	HE RECO	RD (Person on	Record	1			
Name on Record	First	Middle		Last				
Date of Birth/Death	M/D/Y			Sex				
Place of Birth/Death	City			Clay County, Texas				
Parent Name	First	Middle		Last/Maiden				
Parent Name	First	Middle		Last/Maiden				
APPLICANT (Person Requesting Record)								
Name	First	Middle		Last/Maiden				
Relationship to		•		Phone				
Person on Record								
Mailing Address								
Purpose for Obtaining Record								
Applicant's Signature				Date				
NOTICE: By signing above, Applicant acknowledges understanding of and compliance with the following rules and statutes.  Applicant must be qualified to obtain the record in accordance with Sec. 181.1, Ch. 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide valid photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.  QUALIFIED APPLICANTS: Self, Parent, Step-Parent, Grandparent, Children, Sibling (or half-sibling), Spouse, Court-Appointed Guardian, Attorney (with proof of tangible interest). Must provide ID: 1. One from Group A, or 2. Two from Group B, or 3. One from Group B and two from Group C.  WARNING: Intentionally providing false or fraudulent information on this application is a violation of the law and may result in imprisonment of not more than 10 years and/or fine of us to \$10,000. (Tx. Health & Safety Code, Ch. 195, Sec. 195.003; Texas Penal Code, Ch. 12, 37, Sec. 37.10)								
OFFICE USE ONLY								
Control Numbers			Date Issued					
# Copies Issued			Employee Initials					

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<b>↓↓↓</b> For Mail-In Applications Only ↓↓↓							
NOTARIZED AFFIDAVIT OF IDENTITY (Must be signed in Presence of Notary)							
STATE OF	COUNTY OF						
This identity of the applicant was acknowledged before	e me on	by					
Applicant's Signature	Notary's Signature		Notary Stamp				
	, <u> </u>						
CREDIT CARD AUTHORIZATION (Skip if you are paying with cash or check)							
Name on Card		Phone					
Credit Card Number		Expiration					
CVV		We do not accept American Express					
By signing below you are authorizing Clay County to charge your card charge an additional convenience fee.  Card Holder's Signature	for the total amount of re	cords requested, and	you understand that the card vendor will				

## Applicant wishing to apply for a record via mail must mail the following:

- Complete, signed, notarized application
- Copy of ID
- Fees (we accept cash, check, money order, credit card)