

OFFICE USE ONLY
 Cert. # _____
 Document Control # _____

 By _____



Sarah Lujan
 County Clerk
 Brewster County
 P.O. Box 119
 Alpine, Texas
 79831

OFFICE USE ONLY
 Receipt _____
 Amount \$ _____
 Cash Money Order
 Credit Card
 Date _____
 By _____

Birth Certificates #
 Requested
 ___ Certified Copy x \$26.00
 ___ Abstract Copy x \$26.00
 Total Enclosed = _____

Please Print
 Page 2 for mail in
 requests

Death Certificates
 # Requested
 ___ Certified Copy x \$21.00
 ___ Extra Copy of Same Record x \$4.00
 Total Enclosed = _____

1. Full Name of Person on Record	FIRST NAME	MIDDLE NAME	MAIDEN/ LAST NAME
2. Date of Birth or Death	MONTH	DAY / YEAR	SEX ☐ M ☐ FEMALE
3. Place of Birth or Death	CITY OR TOWN	COUNTY	STATE
4. Full Name of Father	FIRST NAME	MIDDLE NAME	LAST NAME
5. Full Maiden Name of Mother	FIRST NAME	MIDDLE NAME	LAST NAME

6. Your Name: _____ 7. Telephone #: (_____) _____
 8. Mailing Address: _____
 Street Address City State Zip
 9. Relationship to Person Names in Item 1: _____
 10. Purpose for Obtaining this record: _____
 11. Additional Identification for Death Certificate
 Social Security Number of Deceased _____
 Date of Birth _____ Place of Birth _____

Fees are subject to change without notice (call 512.458.7111 for fee verification). For any search of the files where a record is not found, the searching fee is not refundable or transferable. You can expect to receive your certificate within 6-8 weeks. This fee rate(s) was set by the Texas Board of Health and was not mandated by the Texas Legislature. Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (Item 1-5), relationship (Item 9), and purpose (Item 10) be provided in order to issue the record.

WARNING: THE PENALTY FOR KNOWINLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195 SEC. 195.003)

ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.

SIGNATURE _____ DATE OF APPLICATION _____
 IDENTIFICATION TYPE _____ NUMBER _____

NOTARIZED PROOF OF IDENTIFICATION

ENTER NAME, DATE AND PLACE OF BIRTH / DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/ DEATH CERTIFICATE

FULL NAME OF PERON ON RECORD	DATE OF BIRTH / DEATH
PLACE OF BIRTH / DEATH (CITY OR COUNTY)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

ENTER RELATIONSHIP TO PERSON ONRECORD AND THE TYPE OF ID USED

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

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____

Now residing at _____

Who is related to the person named on Part 1 as _____ 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 ____.

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

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THE DOCUMENT. THE PENALTY FOR KNOWINLY MAKING A FALSE STATEMENT ON THIE FORM OR FOR SIGNING A FORM WHICH CONTAINSA 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)

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

Sarah Lujan
County Clerk
Brewster County
P.O. Box 119
Alpine, Texas 79831

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)