

OFFICE USE ONLY	
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By _____	

**NOLAN COUNTY
MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
Make check or money orders payable to: NOLAN COUNTY CLERK**

Birth Certificates				Death Certificates			
Type	Cost X	# of copies =	Total	Type	Cost X	# of copies =	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
<input type="checkbox"/>				Additional Copies	\$3		
Total (Check or money order payable to Nolan County Clerk)				Total (Check or money order payable to Nolan County Clerk)			

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.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)					
Full Name of Person on Record	First Name	Middle Name		Last Name	
Date of Birth/Death	Month	Day	Year	Sex	
Place of Birth/Death	City or Town		County	State	
Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name	

APPLICANT INFORMATION (Part II)					
Applicant Name		Telephone #		Email Address	
Full Mailing Address		Street Address	City	State	Zip
Relationship to person listed above			Purpose for obtaining this record:		
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.					
Name of Person Receiving Copies, if Different from Applicant					
Mailing Address for Copies, if Different from Applicant					
City		State		Zip	

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)					
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant name)					
now residing at _____ (Address) _____ (City) _____ (State)					
who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)					
The applicant presented the following type and number of identification: _____					
Applicant Signature _____					
Sworn to and subscribed before me, this ___ day of ___, 20___.					
(Seal) Signature of Notary Public and Notary ID Number _____					
Typed or Printed Name: _____					
Commission Expires: _____					
Street Address: _____					
City, State, 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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

**MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
NOLAN COUNTY CLERK
100 EAST 3RD - SUITE 108
SWEETWATER TX 79556**