



NOLAN COUNTY

APPLICATION FOR BIRTH/DEATH RECORD

OFFICE USE ONLY
 Date Issued _____
 Certificate # _____
 By _____

PLEASE PRINT CLEARLY. **INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING REQUEST.**
 APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS

Your Name (First, Middle, Last Name): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Daytime Phone Number: _____

Your relationship to Person named on Certificate (Check One): Self Child Spouse Parent Sibling
 Grandparent Legal Guardian (proof required) Legal Representation (proof required) Other: _____

I authorize mailing to the address below instead of my mailing address listed above.

Name: _____

Address to send to if different than noted above: _____ City: _____ State: _____ Zip Code: _____

Reason for Request: Newborn Travel/Passport Records School Insurance Other: _____

Step 2: INFORMATION FOR PERSON NAMED ON BIRTH or DEATH RECORD (Must be completed to Identify Record Requested)

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF BIRTH or DEATH:	Month	Day	Year
PLACE OF BIRTH or DEATH:	City or Town	County	TEXAS ONLY
FULL NAME OF PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF PARENT 2:	First Name	Middle Name	Maiden Last Name (Before first marriage)

Step 3: COST & FEES

Select Record Type	Quantity	Price/each	Total
<input type="checkbox"/> Long Form Birth Certificate (Travel/Passport)		x \$23.00	\$
<input type="checkbox"/> Short Form Birth Certificate (General Use)		x \$23.00	\$
<input type="checkbox"/> Death Certificate (Nolan County only)		x \$21.00	\$
<input type="checkbox"/> Additional Death Certificates		x \$ 4.00	\$
<input type="checkbox"/> 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.			\$
Total Due:			\$

Step 4: AFFIDAVIT (NOTARY SECTION) – only submissions by mail need to be notarized

STATE OF _____ COUNTY OF _____ This instrument was acknowledged before me on _____ (Date)

By _____ (Printed Name of applicant acknowledging)

_____ (Notary Seal)

_____ (Notary Public's Signature)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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 APPLICATION, PAYMENT AND COPY OF VALID PHOTO ID TO:
 NOLAN COUNTY CLERK
 100 EAST 3RD STREET – SUITE 108
 SWEETWATER, TX 79556
 (325) 235-2462