



Kara Sands

COUNTY CLERK

Nueces County Courthouse
P.O. Box 2627
Corpus Christi, TX 78403
Office: (361) 888-0580
Fax: (361) 888-0329

County Clerk Homepage:
<http://www.co.nueces.tx.us/countyclerk/>

APPLICATION FOR CERTIFIED COPIES OF BIRTH OR DEATH CERTIFICATES

Birth	\$23.00 per copy	# Requested _____	Total Due \$ _____
Death	\$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 _____ and who on oath deposes and (Relationship)	
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
P.O. Box 2627
Corpus Christi, TX 78403

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