

**MANDY SAWYER**  
 Rains County Clerk  
 220 W. Quitman, Ste B  
 Emory, Texas 75440  
 Phone: (903) 473-5000 EXT. 103  
 Fax: (903) 473-5086

Application For Certified Copy Of Birth Or Death Certificate

Optional Donation to promote healthy early childhood Texas Home Visiting Program - \$5.00

<b>BIRTH</b> <input type="checkbox"/> Amount Requested ___ Certified Copies X \$23.00 ea.
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**PLEASE PRINT**

<b>DEATH</b> <input type="checkbox"/> Amount Requested ___ Certified Copies X \$21.00 ___ Extra Copies of same record X \$4.00ea
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1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last name
6. Full Maiden Name of Mother	First Name	Middle Name	<b>Maiden</b> Name

7. Your Name : \_\_\_\_\_ 8. Telephone: (\_\_\_\_) \_\_\_\_\_

9. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

10. Relationship to person named in Item 1 above: \_\_\_\_\_

11. Purpose for obtaining this record: \_\_\_\_\_

12. Additional identifying information for DEATH certificate: \_\_\_\_\_

Social Security Number of Deceased \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place: \_\_\_\_\_

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable. Checks for amount of purchase only.

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS 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)**

Birth records are confidential for 75 years and Death records are confidential for 25 years, therefore, issuance is restricted. Other records may be obtained when sufficient information for identification is provided.

Administrative rules require that on restricted records, all identifying information in Items 1-5 and 10 -12 must be provided in order to issue such record being requested along with a Xerox copy of the identification from the person requesting the record.

Your Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Qualifying Applicant** – Defines who is eligible to request certified copies of records.

- Self (Person named on record)
- Parent (Parent listed on record)
- Step-Parent (Must show marriage license)
- Grandparent (Biological Parents to Parents on record)
- Children (Biological Child to Person on record)
- Sibling (Must share at least 1 parent. Parent must be on both people's birth certificate)
- Spouse (Must show marriage license if you do not share last name on record)
- Guardian (Must show valid court order showing guardianship)
- Attorney (Must have valid paperwork show tangible interest in record)

All qualifying applicants must present a valid form of identification with your request. Applicant must present 1 form of primary identification. If you do not possess a primary ID you may present 2 forms of secondary identification. If you do not possess 2 forms of secondary ID, you may present 1 form of secondary and 2 forms of supporting identification that establishes the applicant's identity. Examples of all forms of acceptable identification are listed on page two of these instructions.