



**MAIL APPLICATION FOR
BIRTH OR DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST.

| <input type="checkbox"/> Birth Certificates | | | |
|---|--------|--------------|-------|
| Type | Cost X | # of copies= | Total |
| Certified Copy - County | \$24 | | |
| Certified Copy-State | \$23 | | |
| | | | |
| Total | | | |

| <input type="checkbox"/> Death Certificates | | | |
|---|--------|--------------|-------|
| Type | Cost X | # of copies= | Total |
| Certified Copy (1 copy) | \$21 | | |
| Additional copies | \$ 4 | | |
| | | | |
| Total | | | |

| | | | |
|----------------------------------|--------------|-------------|-------------|
| 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 | Maiden Name |

7. YOUR NAME _____ 8. TELEPHONE # () _____
(MON-FRI 8:00-5:00)

EMAIL ADDRESS _____

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____ 11. PURPOSE FOR OBTAINING THIS RECORD: _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT, FOR IMMIGRATION OR FOR THE INDIAN REGISTRY? YES NO

PLEASE CHECK ONE OF THE SIZES YOU WOULD LIKE: WALLET _____
5 X 7 _____
8 X 11 _____ (OUR RECORDS)

Your Signature _____ Date of Application _____

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

**Kim Carter, Terry County Clerk
500 West Main, Rm.#105
Brownfield, Texas 79316**

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN 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)