

DIANNA MOORE, COUNTY CLERK  
THROCKMORTON COUNTY, TEXAS  
121 NORTH MINTER, P.O. BOX 309  
THROCKMORTON, TEXAS 76483  
940-849-0449 940-849-8816 (FAX)

**BIRTH/DEATH CERTIFICATE REQUEST**

Certified Death Certificate: \$21.00 (first copy)  
\$4.00 (each add. Copy)

Certified Birth Certificate: \$23.00 each

You must send a photocopy of a State Issued Picture Identification with any mail request and fee (s) or your request will be rejected. If you do not have any Identification a family member may submit the Application for you.

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Applicant's Name	Phone #	Mailing Address
		City, State, Zip

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Name of Person on Birth/Death Certification

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Date of Birth/Death	Sex	Place of Birth/Death
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Name of Father	Maiden Name of Mother
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Purpose for Requesting the Record

**"WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000." (Health & Safety code 195.003)**

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Signature of Applicant	Relationship to Registrant
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Identification Form/ #

\*\*applicants in person require the presentation of a valid primary form of photo identification or two secondary current, valid forms of identification, one of which bears the applicant's signature.

FOR USE BY COUNTY CLERK:

CERT # \_\_\_\_\_ SEC PAPER # \_\_\_\_\_

For applications that are sent by mail:  
The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid ID must be attached to this completed application or the request will not be processed.

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART 1. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON THE BIRTH/DEATH CERTIFICATE</b>
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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

<b>PART 2. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>
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NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

### AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART 3. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>
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STATE OF :	COUNTY OF:
Before me on this day appeared _____	
Now residing at _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>(address)</span> <span>(city)</span> <span>(state)</span> </div>	
Who is related to the person named on Part 1 as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20____.	

Signature of Notary Public
Commission expires
Typed or Printed Name
Street Address
City, State, Zip

**APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO IS WILL NO BE PROCESSED**

