

**SARA MONTEMAYOR
MAVERICK COUNTY CLERK
500 QUARRY ST. SUITE #2
EAGLE PASS, TEXAS 78852**



NOTE: ONLY OUR FORM MAY BE NOTARIZED TO REQUEST RECORD. WE WILL NOT ACCEPT ANY OTHER NOTARIZED FORMS. APPLICATIONS WITHOUT PHOTO ID AND FORM COMPLETELY FILLED OUT WILL NOT BE PROCESSED AND RETURNED.

MAIL APPLICATION FOR BIRTH AND DEATH RECORDS IN MAVERICK COUNTY

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. MAKE CHECK OR MONEY ORDERS PAYABLE TO: MAVERICK COUNTY CLERK. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates \$23.00 each
of Copies: _____

Death Certificates \$21.00 (1 copy)
Additional Copies (\$3.00): _____

***** Optional: Postage Fee**
(All of our mail is sent by regular mail)

Over night (\$24.70) _____

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First:	Middle:	Last:
Date of Birth/Death	Month:	Day:	Year: Sex:
Place of Birth/Death	City or Town:	County:	State:
Full Name of Parent 1	First:	Middle:	Last (Maiden):
Full Name of Parent 2	First:	Middle:	Last (Maiden):

APPLICANT INFORMATION (Part II)

Applicant Name:	Telephone #:
Full Mailing Address:	City: State: Zip:
Relationship to person listed above:	Purpose for obtaining record:
____ I authorize mailing to the address below. I have verified that the address below will receive my order. (Please check)	
Name of Person Receiving Copies, if Different from Applicant:	
Mailing Address for Copies, if Different from Applicant:	
City:	State: Zip:

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC (Part III))

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____ (Applicant Name)

Now residing at _____ (Address) _____ (City) _____ (State)

who is related to the person named on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

(Seal) Sworn to and subscribed before me, this ____ day of _____, 20____.

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

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.

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 & Safety Code, Chapter 195, SEC. 195.003)