

OFFICE USE ONLY

Birth Certificates#342115 - \$1.80
#42110 - \$21.20
#42111 - \$1.00**Death Certificates**#42110 - \$21.00
#42111 - \$1.00
**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

PLEASE PRINT.

OFFICE USE ONLY

Receipt # _____

Certificate # _____

INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.
Make check or money orders payable to: City of Mercedes.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Long form	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		
			Total				Total

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

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

APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address		
Full Mailing Address	Street Address	City	State	Zip
Relationship to person listed above	Purpose for obtaining this record:			
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.				
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 _____ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)
 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: _____

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.

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED
MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
City of Mercedes Vital Statistics
PO Box 837
Mercedes, TX 78570