

OFFICE USE ONLY	
Birth Certificates	Death Certificates
#42115 - \$1.80	#42110 - \$21.00
#42110 - \$21.20	#42111 - \$1.00
#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 order 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)	\$22		
Document holder	\$1			Additional Copies	\$4		
Total	\$24			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.				
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.)

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