

# APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

Refugio County Clerk  
Ida Ramirez  
PO Box 704  
Refugio TX 78377  
361-526-2233



### Office Use Only

Death Cert. \$21.00 first, ea. add'l \$4.00 \_\_\_\_\_  
Birth Certificates \$23.00 ea copy \_\_\_\_\_  
Total Due.....\$ \_\_\_\_\_  
Certificate NO. .... \_\_\_\_\_  
Cash \_\_\_\_\_ Check# \_\_\_\_\_ Debit/credit \_\_\_\_\_  
(Only money orders/cashier checks by mail)

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

**WARNING:** The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

**Please Print:** Information Found on Birth or Death Certificate

1. Full Name on Record: (first, middle, last)

2. Date of Birth or Death:

3. Place of Birth or Death: (City, County)

4. Father's Full Name:

5. Mother's Full Maiden Name: (Her given name at time of her Birth)

### Information about Applicant

6. Applicant's Full Name:

7. Applicant's Mailing Address:

City, State, Zip Code

8. Telephone Number:

9. Email Address

10. Applicant's Relationship to Person Named in #1:

11. Purpose for Obtaining Record:

Signature of Applicant

(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

Today's Date

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

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>		
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 II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

### AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named in Part I as _____ (relationship) 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____.	
<small>(Please place notary stamp in space below)</small>	

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

**WARNING: IT 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)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**REFUGIO COUNTY CLERK  
VITAL RECORDS  
PO BOX 704  
REFUGIO, TX 78377**

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)