



APPLICATION FOR BIRTH AND DEATH RECORD

OFFICE USE ONLY

Serial Number _____

Processed By _____

ENTERED INTO SPREADSHEET

INSTRUCTIONS FOR FILLING OUT APPLICATION:

PLEASE PRINT. Make check or money orders payable to San Jacinto County Clerk. You **MUST** include valid identification in order for your request to be Processed. For a list of acceptable identification, please see the back of this form. IF MAILING IN an application, you **MUST** include a SWORN STATEMENT with your request.

BIRTH CERTIFICATES

TYPE	COST X	# OF COPIES	TOTAL
Cert. Copy	\$23.00		\$
	GRAND	TOTAL	\$

DEATH CERTIFICATES

TYPE	COST X	# OF COPIES	TOTAL
Cert. Copy	\$21.00		\$
Add. Copies	\$4.00		\$
	GRAND	TOTAL	\$

BIRTH/DEATH RECORD INFORMATION

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
Full Name of Parent 2	FIRST	MIDDLE	LAST

REQUESTOR INFORMATION

Requestor Name	Telephone	Email address
Mailing Address	City	State
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.

Name of Person Receiving Copies, if Different from Requestor Phone

Mailing Address for Copies, if Different from Requestor City State Zip Code

HEALTH AND SAFETY CODE 195.003 FALSE RECORDS

D) A person commits an offense if the person, for purposes of deception, intentionally or knowingly obtains, possesses, uses, sells, or furnishes, or attempts or directs another person to attempt to obtain, possess, use, sell or furnish a certificate, record, or report required under this title, if the document

- 1) is made, counterfeited, altered, amended, or mutilated without lawful authority and the intent to deceive;
- 2) is false in whole or in part;
- 3) relates to the birth of another individual

Your Signature

Date of Application