MCLENNAN COUNTY CLERK
APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

☐ BIRTH CERTIFICATE: $22.00
☐ DEATH CERTIFICATE: $20.00 + $3.00 (for each addl. copy of same name)

PLEASE PRINT ALL INFORMATION BELOW

1. NAME ON RECORD_____
First Middle Last

2. DATE OF BIRTH OR DEATH_____
Month Day Year

3. GENDER ☐ Male ☐ Female

4. PLACE OF BIRTH OR DEATH_____
City or County

5. FATHER'S NAME_____
First Middle Last

6. MOTHER'S NAME_____
First Middle Last

7. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:
   - SOCIAL SECURITY NUMBER OF DECEASED_____
   - BIRTH DATE_____
   - BIRTH PLACE_____

8. APPLICANT'S NAME_____
First Middle Last

9. APPLICANT'S DAYTIME PHONE NUMBER _____

10. APPLICANT'S ADDRESS_____
Street City State Zip

11. RELATIONSHIP TO PERSON NAMED ABOVE ON LINE 1_____

12. PURPOSE FOR OBTAINING THIS RECORD_____

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, Ch. 678, Sec. 195.003) Applicant must be an immediate family member, legal representative or properly qualified applicant. **Photocopy of I.D. required. Applications without photo identification will not be processed.**

SIGNATURE OF APPLICANT*_____ **DATE**_____

IDENTIFICATION TYPE (DL, ID Card, etc)._____ NUMBER_____

***Note, applicant's signature must be notarized if application is mailed. Notarization is not required if application is completed in person.**

State of _____
County of _____

Before me on this day appeared _____, who is listed as *Applicant* above, and who on oath deposes and says that the contents of this application are true and correct.

Sworn to and subscribed before me, this _____ day of _____, 20_____.

(seal) _____
Signature of Notary Public

BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS. THEREFORE, ISSUANCE IS RESTRICTED. ALL IDENTIFYING INFORMATION ABOVE MUST BE PROVIDED IN ORDER TO ISSUE THE RECORD.

MAIL COMPLETED APPLICATION FORM, PROPER FEE (CHECK OR MONEY ORDER),
AND A PHOTOCOPY OF YOUR I.D. (IN ADDITION TO HAVING THE FORM NOTARIZED) TO:
J.A. "ANDY" HARWELL, COUNTY CLERK, P.O. BOX 1727, WACO, TEXAS 76703.

Rev. 9/2016