

**GRACIE ALANIZ-GONZALES
SAN PATRICIO COUNTY CLERK
PO BOX 578
SINTON TEXAS 78387
361.364.9350**

OFFICE USE ONLY:
DATE : _____
DOC # _____
VOL _____, PAGE _____
SECURITY # _____
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Birth Certificates			
Type	Cost X	# of copies:	Total
Certified Copy	\$23		
Total			

Death Certificates			
Type	Cost X	# of copies:	Total
Certified (1 copy)	\$21		
Additional Copies	\$4		
Total			

****PAYABLE BY MONEY ORDER ONLY****

PAYABLE TO GRACIE ALANIZ-GONZALES, COUNTY CLERK

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

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 _____ (Relationship) 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: _____			