

For Office Use Only  
 Cert. # \_\_\_\_\_  
 DOCUMENT CONTROL#  
 \_\_\_\_\_  
 By: \_\_\_\_\_

**Mattie Sadovsky,**  
 McMullen County Clerk,  
 P.O. Box 235. TildenTx. 78072  
 Tel: 361-274-3215  
 Fax: 361-274-3858

For Office Use Only  
 Remit No. \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Cash \_\_\_\_\_ Check \_\_\_\_\_  
 Date: \_\_\_\_\_ By: \_\_\_\_\_

**Application for Birth or Death Record**

**BIRTH**   
 Amount Requested  
 \_\_\_ Certified Copies X \$23.00 ea.

**DEATH**   
 Amount Requested  
 \_\_\_ Certified Copies X 21.00  
 \_\_\_ Extra Copies of same record X \$4.00ea

**Please Print**

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last name
6. Full Maiden Name of Mother	First Name	Middle Name	<b>Maiden</b> Name

7. Your Name : \_\_\_\_\_ 8. Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

9. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

10. Relationship to person named in Item 1 above: \_\_\_\_\_

11. Purpose for obtaining this record: \_\_\_\_\_

12. Additional identifying information for DEATH certificate:

Social Security Number of Deceased \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place: \_\_\_\_\_

For any search of the files where a record is NOT found, the search fee is non-refundable or transferable. Checks for amount of purchase only.

**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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)**

Birth records are confidential for 75 years and Death records are confidential for 25 years, therefore, issuance is restricted. Other records may be obtained when sufficient information for identification is provided. Administrative rules require that on restricted records, all identifying information in Items 1-5 and 10 -12 must be provided in order to issue such record being requested along with a Xerox copy of the identification from the person requesting the record.

Your Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public, State of Texas Date