

FRANKLIN COUNTY CLERK
200 N. KAUFMAN
MOUNT VERNON, TX 75457

PROPERLY QUALIFIED APPLICANT: the registrant; a member of his or her immediate family either by blood or marriage, including parent, grandparent, sibling, child, spouse, etc.; his or her legal guardian (must show written proof); his or her legal representative or agent (must show written proof).

BIRTH	DEATH
# REQUESTED ____ CERTIFIED COPIES X \$23.00=_____	# REQUESTED 1 CERTIFIED COPY X \$21.00=\$21.00 ____ EXTRA COPIES OF SAME RECORD X \$4.00=_____ TOTAL \$_____

PLEASE PRINT

Full Name of Person on Record	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
Date of Birth <u>OR</u> Death	<u>Month</u>	<u>Day</u>	<u>Year</u> <u>Sex</u>
Place of Birth <u>OR</u> Death	<u>City or Town</u>	<u>County</u>	<u>State</u>
Full Name Of Father	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
Full Maiden Name of Mother	<u>First Name</u>	<u>Middle Name</u>	<u>Maiden Name</u>

1. YOUR NAME: _____ 2. TELEPHONE #: _____
3. YOUR MAILING ADDRESS: _____
STREET ADDRESS
CITY
STATE
ZIP
4. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____
5. PURPOSE FOR OBTAINING THIS RECORD: _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

APPLICANT'S SIGNATURE

DATE OF APPLICATION

OFFICE USE ONLY

IDENTIFICATION TYPE (Driver's License, I.D. Card, etc.)	CERTIFICATE NUMBER(S) ISSUED
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