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<br>____ CERTIFIED COPIES X $23.00=_____ | # REQUESTED<br>1 CERTIFIED COPY X $21.00=$21.00<br>_____EXTRA COPIES OF<br>SAME RECORD X $4.00=_____<br>TOTAL $_____ |

PLEASE PRINT

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

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 SAFTEY 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