

FRANKLIN COUNTY CLERK, 200 North Kaufman Street, Mount Vernon, TX 75457
903-537-2342 x 2 **bcrane@co.franklin.tx.us**

BIRTH	DEATH
<p># REQUESTED - BIRTH</p> <p>_____ CERTIFIED COPIES X \$23 = _____</p> <p>_____ I would like 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.</p> <p align="right">TOTAL \$ _____</p> <hr/> <p>OFFICE USE ONLY</p> <p>CERTIFICATE # ISSUED _____</p>	<p># REQUESTED - DEATH</p> <p>1 CERTIFIED COPY X \$21 = \$21</p> <p>_____ extra copies of same record x \$4 = _____</p> <p align="right">TOTAL \$ _____</p> <hr/> <p>OFFICE USE ONLY</p> <p>CERTIFICATE # ISSUED _____</p>

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 Name of Mother	First Name	Middle Name	Last Name

7. Your Name _____ 8. Phone _____

9. Email Address _____

10. Your Mailing Address _____

11. Relationship to Person Named in Item 1 _____

12. Purpose for obtaining this record _____

13. Will this record be used to obtain a passport, for immigration or for the Indian registry? _____

14. Additional Information for **DEATH** Certificate **BIRTHDATE** _____

BIRTH PLACE _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

SIGNATURE _____ DATE _____