

OFFICE USE ONLY	
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By _____	

MARK TURNBULL
Montgomery County Clerk
P.O. Box 959
Conroe, Texas 77305

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

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

Make check or money order payable to:
MARK TURNBULL, Montgomery County Clerk.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies =	Total	Type	Cost X	# of copies =	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/>	\$60			Additional Copies	\$4		
Total (Check or money order payable to County Clerk)				Total (Check or money order payable to County Clerk)			

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
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 Full Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above:	Purpose for obtaining this record:	

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 in Part I as _____ and who on oath deposes and says that the content of this
affidavit are true and correct. (Relationship)
The applicant presented the following type and number of identification: _____

Applicant Signature: _____ Date of Application: _____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Signature of Notary Public and Notary ID Number: _____

(seal) Typed or Printed Name: _____

Commission Expires: _____

Street Address: _____

City, State, Zip: _____

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).

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

**MARK TURNBULL
Montgomery County Clerk
P.O. Box 959
Conroe, TX 77305
936-539-7885**

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE

FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (City or County)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.

NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF _____
 COUNTY OF _____

Before me on this day appeared _____
(Name)

_____ (Address) _____ (City) _____ (State)

who is related to _____ (Relationship)

I, the undersigned, do hereby certify that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

(Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

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)

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Mark Turnbull
 Montgomery County Clerk
 P O Box 959
 Conroe, TX 77305**

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)