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**Sylvia Garza-Perez
County Clerk
Cameron County, Texas**

MAIL THIS APPLICATION TO

Cameron County Clerk Vital Statistics
P.O. Box 2178
Brownsville, TX 78522

Mail Application for Birth and Death Record

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID WHEN SENDING THE REQUEST. Make check or money orders payable to: Cameron County Clerk, Sylvia Garza-Perez.

For any search of the files where a record is not found, the search fee is not refundable or transferable.

Birth Certificates			
Type	Cost X	# of copies =	Total
Certified Copy	\$23.00		
Abstract Copy State of TX.	\$23.00		
Plastic Protector	\$2.00		
Search Fee <i>(Please note, there are No Refunds for a search fee)</i>	\$10.00		
Total			

Death Certificates			
Type	Cost X	# of copies =	Total
Certified Copy	\$21.00		
Additional Copies	\$4.00		
Search Fee <i>(Please note, there are No Refunds for a search fee)</i>	\$10.00		
Total			

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/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 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 on Part I as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.
(Relationship)

The applicant presented the following type and number of identifications: _____

Applicant Signature _____

(seal)

Sword to and subscribed before me, this ____ day of ____, 20 ____.
Signature of Notary Public and Notary ID Number _____
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 UP TO \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)