

Sandra K. Duckworth
 Newton County Clerk
 PO Box 484 ▪ 115 Court Street
 Newton, Texas 75966

Phone: 409.379.5341 ▪ Fax: 409.379.9049

<http://www.co.newton.tx.us/page/newton.County.Clerk>

APPLICATION FOR CERTIFIED COPY OF NEWTON COUNTY BIRTH OR DEATH CERTIFICATE

Birth _____ # of Certified Copies Requested <i>\$23.00 per copy</i> \$ _____ Total for Birth	Death _____ # of Certified Copies Requested <i>\$21.00 for the first and \$4.00 for each additional <u>ordered on the same day</u></i> \$ _____ Total for Death
Grand Total Enclosed \$ _____	

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth or Death	Month	Day	Year
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth or Death	City or Town		County State Newton Texas
Full Name of Father	First Name	Middle Name	Last Name
Full Name of Mother	First Name	Middle Name	Last Name
	Maiden Name		

Applicant's Full Name			
Applicant's Mailing Address			
Applicant's Phone Number			
Applicant's Relationship to Person of Record			
Purpose for Obtaining Record			
Applicant's Identification Information			
State		Number	Type <input type="checkbox"/> DL <input type="checkbox"/> ID <input type="checkbox"/> PP <input type="checkbox"/> Other

 Applicant's Signature

 Date

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

Affidavit of Personal Knowledge

*This application **must** be signed in the presence of a notary public*

State of _____

County of _____

Before me on this day appeared _____, Applicant, now residing at _____ who is related to the person named on the front of the application as the person's _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

Notary's Signature

Date Notarized

Printed Name of Notary	
Commission Expires	
Notary's Mailing Address	

Notary's Seal

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)

Please complete this form in its **entirety** and mail notarized application, payment and a valid, legible state- or government-issued photograph identification to:

Sandra K. Duckworth, County Clerk
PO Box 484
Newton, TX 75966

Applications without notary or legible identification will **not** be processed and will be returned to the Applicant.

The following is for Clerk's use only

	Receipt Number(s)	
	Serial Number(s)	
	Other Identification Type	
	Volume	
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