

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE



SCOTT SARTAIN
 MORRIS COUNTY CLERK
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 DAINGERFIELD, TEXAS 75638
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Office Use Only	
Each Certified Copy.....	\$23.00
Number Requested.....	_____
Total Due.....	\$_____
Certificate NO.	_____
Cash _____ Check# _____ Debit/credit _____	
(Only money orders/cashier checks by mail)	

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

Please Print: *Information Found on Birth Certificate*

1. Full Name on Record: (first, middle, last) _____
2. Date of Birth: _____
3. Place of Birth: (City, County) _____
4. Parent 1 Full Name: (first, middle, maiden name/last name) _____
5. Parent 2 Full Name: (first, middle, maiden name/last name) _____

Information about Applicant

6. Applicant's Full Name: _____
7. Applicant's Mailing Address: _____

 City, State, Zip Code _____
8. Telephone Number: _____ 9. Email Address _____
10. Applicant's Relationship to Person Named in #1: _____
11. Purpose for Obtaining Record: _____

 Signature of Applicant
 (COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

 Today's Date