

# APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

MICHELLE GILLEY - GREGG COUNTY CLERK

101 E. Methvin St., Suite 200, Longview, TX 75601

Phone 903-237-2637

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND THE SWORN STATEMENT WHEN SENDING THE REQUEST. **Make money order payable to: Gregg County Clerk and include a self addressed, stamped envelope.**

## BIRTH - \$22.00

Enter quantity \_\_\_\_\_

\_\_\_\_\_ Abstract

\_\_\_\_\_ Long Form (Gregg County Births Only)

## DEATH

Enter quantity \_\_\_\_\_

\_\_\_\_\_ \$20.00 First Certified Copy

\_\_\_\_\_ \$ 3.00 each additional copy ordered at this time

PLASTIC SLEEVE - \$ 1.00 each (Available in letter size only) Enter quantity \_\_\_\_\_

TOTAL REMITTED \$ \_\_\_\_\_

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.

### 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	Last Name
Full Name of Parent 2	First Name	Middle Name	Last Name

### APPLICANT INFORMATION (PART II)

Applicant Name	Phone#	Email Address
Full Mailing Address	Street Address	City
	State	Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="checkbox"/> 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 identification: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

(SEAL)

Sworn 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 OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS APPLICATION, PAYMENT, SELF ADDRESSED, STAMPED ENVELOPE AND A PHOTOCOPY OF YOUR VALID ID TO:

GREGG COUNTY CLERK

P.O. BOX 3049, LONGVIEW, TX 75606

\*\*\* Personnel Use Only \*\*\* ID# \_\_\_\_\_ Birth/Death Record # \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Receipt # \_\_\_\_\_ Deputy: \_\_\_\_\_