



Alison Haley, Midland County Clerk

-----FOR OFFICE USE ONLY-----

Birth/Nacimiento \$23 each.
Death/defunción \$21 each \$4 additional copies.
Note: Valid photo ID required for Birth/
Death certificates.
Forms of payment accepted for mail requests
only are cashier's check or money order.
Nota: Válido identificación con foto
Se requiere para actas de Nacimiento/
Defunción. Formas de pago aceptadasPara
solicitud de correo son cheque de caiero giro

Midland BC File #: _____

Year Midland BC Recorded: _____

Control #: _____

Vol/Pg: _____

Out of County Code: _____

Receipt #: _____

Birth or Death Certificate/Acta de Nacimiento/Defunción

1. Full Name of Person on Record/Nombre del difunto/del que Nacio	First Name/Primer	Middle Name/Segundo		Last Name/Apellido
2. Date of Birth or Death/Fecha de Nacimiento/defuncion	Month/Mes	Day/Dia	Year/Año	3. Sex/Sexo
4. Place of Birth or Death/Lugar de Nacimineto/defuncion	City or Town/Ciudad	County/Condado		State/Estado
5. Full Name of Father/Nombre del Padre	First Name/Primer	Middle Name/Segundo		Last Name/Apellido
6. Full Maiden Name of Mother/ Nombre de la Madre	First Name/Primer	Middle Name/Segundo		Last Name/Apellido

7. Your Name/Su Nombre _____ 8. Telephone# _____

9. Address/Direcion _____
Street Address City/Ciudad State/Estado Zip/Codigo

10. Relationship to Person Named in Item 1 (Su Relacion) _____

11. Purpose for Obtaining This Certificate/Proposito para obtener el registro _____

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 & Human Services.

Signature /Firma: XX _____ Date/Fecha: _____

WARNING: It is a felony to falsify information on this document. The penalty for knowingly making a false statement on this form or signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health & Safety Code, Chapter 195, Sec. 195.003)

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ID Type and # _____ Deputy Clerk _____

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
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AFFIDAVIT OF PERSONAL KNOWLEDGE

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

STATE OF TEXAS
COUNTY OF _____

Before me on this day appeared _____
(Name)

now residing at _____
(Address) (City) (State) (Zip)

Who is related to the person named on Part I as _____ and who on oath deposes
(Relationship)

and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20____.
(Please place notary stamp in space below)

**Matricula card is not an acceptable form
Of identification**

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 \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**MIDLAND COUNTY CLERK, VITAL RECORDS
PO BOX 1350, MIDLAND, TEXAS 79702**

***APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED**