



**SHELLI MILLER  
 ROCKWALL COUNTY CLERK  
 1111 E. YellowJacket Lane, Suite 100  
 Rockwall, TX 75087  
 (972) 204-6300**

**BIRTH CERTIFICATES  
 Certified Copy - \$23**

**DEATH CERTIFICATES  
 Certified Copy - \$21 First, \$4 ea additional**

**(Forms of Payment - Cash, Credit, Debit, or Money Order only)**

<b>1. Full Name of Person on Record</b>	First	Middle	Last
<b>2. Date of Birth or Death</b>	Month	Day	Year Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>3. Place of Birth or Death</b>	City or Town	County	State
<b>4. Full Name of Father</b>	First	Middle	Last
<b>5. Full Name of Mother</b>	First	Middle	Maiden

**6. YOUR NAME** \_\_\_\_\_ **7. TELEPHONE # ( )** \_\_\_\_\_ **HOME/CELL**

**8. MAILING ADDRESS:** \_\_\_\_\_  
 Street Address City State Zip

**9. RELATIONSHIP:**  
 SELF PARENT CHILD GRANDPARENT SPOUSE OTHER: \_\_\_\_\_

**10. PURPOSE FOR OBTAINING THIS RECORD:**  
 SCHOOL PASSPORT DRIVERS LICENSE SOCIAL SECURITY OTHER: \_\_\_\_\_  
 TRAVEL NEWBORN ID

**NOTE:** This office is not responsible for any errors made on the original Birth Certificate or Death Certificate. You must make all corrections with Austin.  
**An incomplete application will not be processed.**

**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 & SAFETY CODE, CHAPTER 195 SEC. 195.003)**

**ATTACH PHOTOCOPY OF VALID IDENTIFICATION. APPLICATION WILL NOT BE PROCESSED WITHOUT IDENTIFICATION.**

YOUR SIGNATURE \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

**NOTARIZED PROOF OF IDENTIFICATION**  
**(TO BE USED ONLY FOR MAILED APPLICATIONS)**

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ <small>(Name)</small>	
Now residing at _____ <small>(Address) (City) (State)</small>	
who is related to the person named on Part I as _____ <small>(Relationship)</small> and who on oath deposes and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	
<i>(Personalized Seal)</i>	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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:  
 Rockwall County Clerk's Office  
 1111 East Yellowjacket Ln., Suite 100  
 Rockwall, Texas 75087**

**(MAILED APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)**