

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 - \$23.00

Enter quantity

_____ Abstract

_____ Long Form (Gregg County Births Only)

TOTAL REMITTED \$ _____

DEATH

Enter quantity

_____ \$21.00 First Certified Copy

_____ \$ 4.00 each additional copy ordered at this time

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 FOR 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: _____