

Vital Statistics
Phone: 940-349-2018

ACCEPTABLE FORMS OF PAYMENT
INCLUDE: CASH, CASHIERS CHECK,
MONEY ORDER, BUSINESS CHECKS,
PERSONAL CHECKS AND CREDIT/DEBIT.



Recording Department
940-349-2010

INSTRUCTION FOR SUBMITTING APPLICATION BY MAIL:

"NOTARIZED PROOF OF ID", a photo copy of valid ID, and appropriate payment form must be included. All forms can be found at www.dentoncounty.com/ccl or as part of this application.

Juli Luke
County Clerk

Denton County Courts Building
1450 E. McKinney St.
Denton, TX 76209

**PHOTOCOPY OF ID
MUST BE SENT IF
SUBMITTING
APPLICATION BY
MAIL OR SUBMITTING
IN PERSON.**

Application for certified copy of BIRTH or DEATH Certificate

BIRTH

OF CERTIFIED COPIES _____ X \$23.00 (each) = \$ _____

Please Print All Information

Espanol en la pagina siguiente

DEATH

FIRST CERTIFIED COPY: \$ 21.00

OF ADDITIONAL COPIES OF SAME RECORD _____ X \$ 4.00 = \$ _____

TOTAL ENCLOSED \$ _____

| | | | |
|--|--------------|--------|---------------|
| 1. Full Name (Person on Record) | First | Middle | Last |
| 2. Date of Birth/Death | Month | Day | Year |
| 3. Sex | | | |
| 4. Place of Birth/Death | City or Town | County | State |
| 5. Full Name of Parent 1 | First | Middle | Last (Maiden) |
| 6. Full Name of Parent 2 | First | Middle | Last (Maiden) |

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 the Health and Human Services.

7. Applicant's Name : _____ 8. Phone Daytime: _____

9. Mailing Address: _____
City State Zip Code

10. Relationship to Person in Item 1: _____

11. Purpose for obtaining this record: _____

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)

SIGNATURE OF APPLICANT

DATE

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED

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 |
|---|---|
| | |

AFFIDAVIT OF PERSONAL KNOWLEDGE

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

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____ (Name)

_____ (Address) _____ (City) _____ (State)

who is related to _____ (Relationship)

I declare the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

(Seal)

| |
|----------------------------|
| Signature of Notary Public |
| Commission Expires |
| Typed or Printed Name |
| Street Address |
| City, State and Zip |

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Denton County Clerk
 Vital Records
 1450 E. McKinney St.
 Denton, TX 76209

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED, IF SUBMITTED BY MAIL)

County Clerk Credit Card Payment Form

Date: ____ / ____ / ____

Name: _____

Business (optional): _____

Phone number: (____) ____ - ____ Fax: (____) ____ - ____

Email: _____

Authorized Signature: _____

This form authorizes the merchant (VitalChek) to charge my credit card, for services rendered by the County Clerk's office, plus a \$2.50 service fee. A base percentage of 4% will be charged on credit transactions over \$50.00. Please see our website for additional fees.

Address to send document/s: _____

| |
|---|
| CLERK USE ONLY TOTAL CHARGES: \$ _____ |
|---|

* **(Check which applies)** Master Card _____ Discover _____
American Express _____ Visa _____

*Name as it appears on Card: _____

Credit Card Account Number: _____ -- _____ -- _____ --

CVV# ____ ____ ____ (security code on back of card) *Exp. Date: ____ / ____ (MM/YY)

Billing Address: _____ City _____ ZIP _____

****Note**** The ZIP Code must match the cardholder's billing address; if not, the transaction will be declined.

Prices:

- Birth Certificate: \$23.00 each + credit card transaction fee
- Death Certificate: \$21.00 for first copy, \$4.00 for each additional copy requested at same time + credit card transaction fee
- Assumed Name/Abandonment of Assumed Name: \$24.00 (*application must be notarized*) + \$0.50 per additional name + credit card transaction fee
- Real Property Recording: \$26.00 for first page + \$4.00 Recording Page + \$4.00 each additional page (*if applicable*) + credit card transaction fee
 - Other fees may apply depending on document type. Please see our website for additional fees.

County Clerk Personal Check Form

Date: _____

To: Denton County Clerk, Juli Luke

Department: Recording

From Name: _____ Firm: _____

Phone #: () _____ - _____

Personal Check: (*-information required)

*First Name: _____ *Last Name: _____

*Mailing Address: _____ *City _____ *State _____ *ZIP _____

*Daytime Phone# () _____ - _____

*Driver's License # _____ *Issuing State _____ *Date of Birth ____/____/____

*Routing #. _____ *Account # _____ *Check # _____

Email Address _____

Providing an email address will allow your receipt to be emailed to you.

Authorized Signature: _____

This form authorizes the Merchant (VitalChek) to charge my account, for services rendered by the County Clerk's Office plus a \$2.50 service fee. Also authorizing the Merchant to convert their check to an Electronic Funds Transfer or Paper Draft, and to debit their account for the total transaction amount. In the event that the draft or EFT is returned unpaid, the Customer agrees that a fee of \$25.00 or as allowable by law may be charged to their account via draft or EFT. Please see our website for additional fees. www.dentoncounty.com/ccl

Please list all documents:
