



Application for Certificate
 Aplicacion para Certificado
 Leon County Clerk

PLEASE INCLUDE A COPY OF YOUR I.D.

Please Print (Imprima por favor)

Phone Number (Numero de telefono)		
Your Name (Su Nombre Completo)		
Mailing Address (Domicilio)		
City (Ciudad)	State (Estado)	Zip Code (Zona postal)
Reason Certificate Required (Razon para obtener el certificado)		
State your relationship to person named on certificate (Relacion con la persona nombrada en el certificado)		
<input type="checkbox"/> Yes, I wish to voluntarily contribute \$5 to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health and Human Services Commission.		
Your Signature (Firma)	Date Signed (Fecha)	
X		

INSTRUCTIONS

- Read all instructions carefully before completing application.
Lea todas las instrucciones con cuidado antes de llenar esta forma.
- If any part of the application is left blank, it will be returned.
Si alguna parte de la aplicacion se deja blanco, será regresado.
- Ensure Eligibility – see back of this application.
Asegure la elegibilidad – Lea la pagina opuesta
- State law requires that any time a search for a certificate is conducted and it is not found a “SEARCH FEE” equal to the certificate fee will be charged. Search fees are not refundable or transferable. *La ley estatal requiere que cuando se busca un certificado y no se encuentra, se cobra un “cargo de busqueda”, igual a el costo de certificado. El cargo no es regresado ni transferible.*

Signature indicates you have read and accept this form

La firma indica usted ha leído y ha aceptado esta forma

BIRTH (NACIMIENTO)

				Type	Quantity
Last Name (Apellido)	First Name (Primer Nombre)	Middle Name (Segundo Nombre)	Sex (Sexo) <input type="checkbox"/> M <input type="checkbox"/> F	Full Size (Tamaño Completo)	\$23.00
Date of Birth (Fecha de nacimiento)	City AND County of Birth (Ciudad de nacimiento)	Name of Hospital (Hospital)			
Father Last Name (Apellido de padre)	First Name (Primer)	Middle Name (Segundo)			
Mother Maiden Name (Apellido de madre soltera)	First Name (Primer)	Middle Name (Segundo)			

To your knowledge, has there ever been a name change, adoption, or amendment filed to this certificate? _____ if so, please explain _____

Sabe usted si ha hecho algun cambio que se encuentra en el certificado? Si ha hecho alguna enmienda o adopcion? Si asi es, explique _____

DEATH (DEFUNCION)

				Type	Quantity
Last Name of Deceased (Apellido del difunto)	First Name (Primer Nombre)	Middle Name (Segundo Nombre)	Sex (Sexo) <input type="checkbox"/> M <input type="checkbox"/> F	Certified Copy (Copia Certificada)	\$21.00
Date of Death (Fecha de defuncion)	Place of Death (Lugar donde fallecio)	Marital Status <input type="checkbox"/> Single/ Soltero(a) <input type="checkbox"/> Married/ Casado(a) <input type="checkbox"/> Widow/ Viudo(a) <input type="checkbox"/> Divorced/ Divorciado(a)		Extra Copy (Copia Extra) \$ 4.00	
Last Name of Father (Apellido de padre)	First Name (Primer)	Middle Name (Segundo)			
Maiden Name of Mother (Apellido de madre soltera)	First Name (Primer)	Middle Name (Segundo)			

OFFICE USE ONLY (SOLAMENTE PARA LA OFICINA)

Clerk Christie Wakefield, Leon County Clerk	Total Number of Certificates
Local Registrar Number #145	Certificate number
Batch Number #01	Date
	Deputy Clerk

Leon County Clerk

For mail in requests, send requests to:
 PO Box 98, Centerville, TX 75833
 Or 155 N. Cass Street, 1st Floor, Centerville, TX 75833
 Tel. – 903-536-2352
 Http://www.co.leon.tx.us

WARNING: The penalty for knowingly making false statement on this form is a third degree felony and may be punishable with up to 2-10 years in prison and a fine of up to 10,000 (Health and Safety Code of Texas, Chapter 195, Sec. 195.003)

AVISO: La multa por proporcionar una declaracion falsa en este formulario es una felonía de tercer grado y tiene como castigo una sentencia de prision de 2 a 10 años y una multa hasta \$10,000.00
 (Codigo de Seguridad y salud de Texas, Capitulo 195, Sec. 195.003)

Who can apply for Vital Statistics documents?

Quien puede aplicar por documentos de Estadística Vital?

The areas below show who is eligible, as there are restrictions.

El áreas debajo enseña quien es elegible, hay restricciones.

Birth/Nacimiento	Death/Defuncion
<ul style="list-style-type: none"> • The person whose name is on the birth registration. <i>Persona nombrada en el acta</i> • The parent(s) of the person whose birth is registered as established by registration documents or by court documents. <i>Los padres de la persona en el acta.</i> • If the father's name does not appear on a Certificate of Birth, he cannot apply for the certificate. <i>Si el nombre del padre no aparese en el acta, no puede aplicar.</i> • Birth occurred within the District of Registration. <i>Nacimiento ocurrio en el Distrito de Registracion.</i> • Immediate family members* <i>Miembros inmediatos de la familia</i> • A party that has direct, tangible and legal interest. <i>Personas que tienen interes legal.</i> • Qualified applicant must provide official photo identification. <i>Las personas que califican tienen que tener identificacion con foto oficial.</i> • Birth facts can be issued for births occurring within the state of Texas. <i>Los factos de nacimiento son repartidos a los que nacen el estado de Texas.</i> • Certificates are not available for out-of-state or foreign country births. <i>No estan disponible los certificado de nacimiento de personas que nacieron en otros estados o paises</i> 	<ul style="list-style-type: none"> • Immediate family members * <i>Miembros inmediatos de la familia*</i> • Party having a direct, tangible and legal interest in the certificate. <i>Personas que tienen interes legal.</i> • Deaths occurred within the Leon County. <i>Fallecio en la Ciudad de Leon.</i> • Qualified applicant must provide official photo identification. <i>Las personas que califican tienen que tener identificacion con foto oficial.</i> • Certificates are not available for out-of-state or foreign country deaths. <i>No estan disponible los certificado de defuncion de personas que fallecieron en otros estados o paises.</i> • If divorced at time of death, certificate is not available to former spouse unless documentation is provided showing tangible and legal interest in the certificate. <i>Si divorciado en tiempo de la muerte, el certificado no está disponible al esposo(a) anterior a menos que la documentación se proporcione mostrando el interés palpable y legal en el certificado</i>

EXCEPTIONS

<p>When a birth record is 75 years or older, anyone may apply for that record <i>Cuándo un registro de nacimiento es 75 años o más, cualquiera puede solicitar que el registro</i></p>	<p>When a death record is 25 years or older, anyone may apply for that record. <i>Cuándo un registro de Muerte es 25 años o más, cualquiera puede solicitar que el registro.</i></p>
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Parent(s): The name(s) shown on the legal registration of birth or as recognized by court documents

Padres: el nombre que sale en registro legal de nacimiento o como esreconocido en documentos de corte

***Immediate Family:** Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, Step-Siblings.

**Familia Inmediata: Madre, Padre, Hermano, Hermana, Hijo(a), Esposo(a), abuelos(as), padrastro, da un paso-hermanos*

PAGE 3 - NOTARIZED PROOF OF IDENTIFICATION-REQUIRED

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)

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

who is related to the person named in 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)

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and Zip

WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**LEON COUNTY CLERK
PO BOX 98
CENTERVILLE, TX 75833**

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