

OFFICE USE ONLY

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CONTROL# \_\_\_\_\_  
BY: \_\_\_\_\_ ZZ 708-153

MAIL IN APPLICATION FOR BIRTH OR DEATH  
MAKE CHECKS, CASHIERS CHECK OR MONEY  
ORDERS PAYABLE TO:  
BURLESON COUNTY CLERK



ANNA L. SCHIELACK  
BURLESON COUNTY CLERK

MAIL THIS APPLICATION, PAYMENT AND A  
VALID PHOTO ID OR DL TO:  
ANNA L. SCHIELACK  
BURLESON COUNTY CLERK  
100 WEST BUCK, SUITE 203  
CALDWELL, TX 77836

Birth Certificates

Death Certificates

Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
STANDARD SIZE	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING THE REQUEST.

IDENTIFY BIRTH OR 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	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City
		State
		Zip
Relationship to person listed above	Purpose for obtaining this record:	

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
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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 \_\_\_\_\_  
now residing at \_\_\_\_\_ (Applicant name)  
(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  
(Relationship)  
affidavit are true and correct.

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 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.)