

HARRISON COUNTY CLERK  
ELIZABETH JAMES  
P. O. BOX 1365  
MARSHALL, TEXAS 75671  
903-935-8403

- Fees are subject to change without notice. (Call 903-935-8403 for verification.)
- Birth records are confidential for 75 years and Death records for 25 years, therefore, issuance is restricted.
- Please attach a photocopy of ID to application.
- Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 7) and purpose (Item 10) be provided to issue the record.
- For any search of the files where a record is not found, the searching fee is not refundable or transferable.

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH**  
**CERTIFICATE**

IN ORDER TO GET THIS CERTIFICATE YOU MUST BE THE MOTHER, FATHER, CHILD, SELF, SPOUSE,  
GRANDPARENT, BROTHER OR SISTER WITH VALID PICTURE I.D.  
(NO EXCEPTIONS)

**CASH, MONEY ORDER, CASHIER’S CHECK OR CREDIT CARD ONLY**

<u>BIRTH –</u>			<u>DEATH-</u>		
<u># OF COPIES:</u>	<u>COST:</u>	<u>TOTAL:</u>	<u># OF COPIES:</u>	<u>COST:</u>	<u>TOTAL:</u>
_____ CERT. COPY	\$23.00 EACH	\$ _____	_____ CERT. COPY	\$21.00 EACH	\$ _____
			EXTRA COPY (SAME RECORD ONLY)		
			_____ CERT. COPY	\$4.00 EACH	\$ _____
		TOTAL: \$ _____			TOTAL: \$ _____

**PLEASE PRESENT YOUR VALID DRIVER’S LICENSE OR IDENTIFICATION CARD**

- Full name on birth/death certificate \_\_\_\_\_
- Date of birth/death \_\_\_\_\_
- County of birth/death \_\_\_\_\_
- Sex \_\_\_\_\_
- Mother’s full name (including maiden name) on birth/death certificate \_\_\_\_\_
- Father’s full name on birth/death certificate \_\_\_\_\_
- How are you related to the person on birth/death certificate? \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFEY CODE, CHAPTER 195.003)**

- Applicant’s name \_\_\_\_\_ Date \_\_\_\_\_
- Applicant’s signature \_\_\_\_\_
- Reason for copy \_\_\_\_\_
- Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
- Telephone Number \_\_\_\_\_

**FOR PERSONNEL USE ONLY**

Type of I.D. _____	Birth/Death Record Number _____
Date Issued _____	
Receipt Number _____	Deputy _____

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE, PLACE OF BIRTH/DEATH AND NAME 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 FATHER	FULL NAME OF MOTHER

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

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____,	
now residing at _____, who	
(Address)	(City) (State)
is related to the person named on Part I as _____ and who on oath deposes and says that	
(Relationship)	
the contents of this affidavit are true and correct.	
Signature _____	
Sworn and subscribed before me, the _____ day of _____, 20_____.	
(Seal)	Signature of Notary Public _____
	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)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID ID TO:  
  
ELIZABETH JAMES, HARRISON COUNTY CLERK  
P.O. BOX 1365 MARSHALL, TEXAS 75671

**INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD**

Check the appropriate box for either a Birth or Death record.

Indicate the number of records requested and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL. WE SUGGEST YOU USE EITHER A CREDIT CARD, CASHIER’C CHECK OR MONEY ORDER PAYABLE TO HARRISON COUNTY CLERK.**

Item 1	Name of Record:  State FULL NAME of the person shown on the record being requested.
Item 2	Date of birth or death:  Give the exact date of the birth or death.
Item 3	Place of birth/death:  State the name of the county in which the birth or death occurred. (BIRTH MUST BE IN THE STATE OF TEXAS FOR THE BIRTH CERTIFICATE TO BE OBTAINED IN OUR OFFICE. DEATH MUST HAVE OCCURRED IN HARRISON COUNTY FOR THE DEATH CERTIFICATE TO BE OBTAINED IN OUR OFFICE.)
Item 4	Sex:  Enter male or female.
Item 5	Mother’s name:  State the full name of the mother (including maiden name) of the person shown on the record.
Item 6	Father’s name:  State the full name of the father of the person shown on the record
Item 7	Relationship of the person named on the record:  State how you are related to the person whose name is on the record
Item 8	Applicant’s name and date:  <b>Print your full name and date</b>
Item 9	Applicant’s signature:  Sign this application with your usual signature.
Item 10	Reason for obtaining this record:  State the reason or purpose for which you are requesting this record.
Item 11	Mailing address:  State your <b>complete</b> and current mailing address.
Item 12	Telephone number:  Give us a telephone number with area code where you can be reached between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

SIGN AND DATE THE APPLICATION, ENCLOSE A LEGIBLE PHOTOCOPY OF YOUR PICUTRE I.D. AND MAIL IT TO THE ADDRESS AT THE TOP OF THE APPLICATION WITH THE CORRECT FEE IN THE APPROPRIATE FORM.