



Sherry Lemon, County Clerk/Local Registrar, Wise County
 200 N. Trinity • P.O. Box 359 • Decatur, TX 76234 • (940) 627-3351
sherry.lemon@co.wise.tx.us • www.co.wise.tx.us

MAIL-IN APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH- NUMBER REQUESTED
 _____ \$23.00 Each Certified Copy

DEATH- NUMBER REQUESTED
 _____ \$21.00 First Certified Copy
 _____ \$4.00 Each Additional Copy

Make check or money order payable to: Wise County Clerk.

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST.

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

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.

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

9. Mailing Address: _____
Street Address City State Zip

10. Relationship to Person in Item 1: _____ 11. Purpose for obtaining this record: _____

I authorize mailing to the address below. I have verified that the address below will receive my order and receipt.

Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
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)

Signature of Applicant

Date

**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND PHOTOCOPY OF YOUR VALID ID TO:
 SHERRY LEMON, WISE COUNTY CLERK
 P.O. BOX 359
 200 N. TRINITY
 DECATUR, TX 76234**

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

The in-person application is a different form and is available in the County Clerk's office and does not require notarization.

FOR OFFICE USE ONLY

Deputy _____ Certificate # _____ Type of ID _____ ID# _____

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)	
Now residing at _____	
(Address)	(City)
(State)	
Who is related to the person named on Part I as _____	
(Relationship)	
and who on oath deposes and says that 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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