



SCHELANA HOCK POLK COUNTY CLERK

OFFICE USE ONLY	
Req # _____	
Security Paper # _____	
By _____	

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make cashier's check or money order payable to: Polk County Clerk For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates			
Type	Cost	# of copies	Total
Short Form	\$23.00		
Long Form	\$23.00		
Plastic Sleeve Protector	\$1.00		
TOTAL AMOUNT DUE	\$		

Death Certificates			
Type	Cost	# of copies=	Total
Certified Copy (1 copy)	\$21.00		
Additional copies	\$4.00		
Total Number of DC's			
TOTAL AMOUNT DUE	\$		

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.

BIRTH/DEATH RECORD INFORMATION

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

REQUESTOR INFORMATION

Requestor 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 instead of my mailing address. I have verified that the address below will receive my order.

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

Your Signature _____ Date of Application _____

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
 Schelana Hock - Polk County Clerk
 P.O. Drawer 2119
 Livingston, Texas 77351

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

NOTARIZED PROOF OF IDENTIFICATION

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

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

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 is related to the person named on Part 1 as _____ 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_____.

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

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Livingston, TX 77351

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