Cert #	OFFICE USE ONLY
Ву	



MAIL APPLICATION FOR BIRTH AND DEATH RECORD TO:

ANGELINA COUNTY CLERK P O BOX 908 LUFKIN, TX 75902 936-634-8339

ZZ 708-153

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: ANGELINA COUNTY CLERK. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

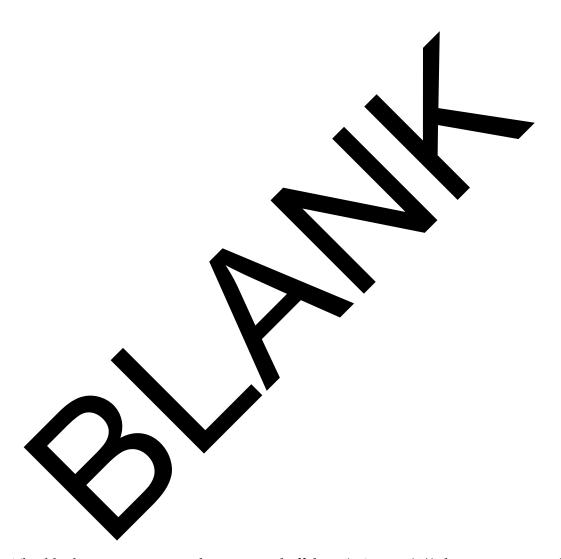
☐Birth Certificates						☐Death Certificates						
Туре		Cost X		opies=	Total	Туре			Cost X	# of copies=	Total	
Certified Copy		\$23		-			d Copy (1 co	pv)	\$21			
							nal Copies	F 3 /	\$4			
										1		
					-						•	
Total				ı		Total						
I wish to make a v												
BIRTH/DEATH F	ECORD IN	FORMA	ATION	-								
Full Name of Person on Record	First Name			Middle Name			La	Last Name				
Date of Birth/Death	Month			Day		Year	S	Sex				
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				
REQUESTOR IN	IFORMATIO	ON										
Requestor Name	questor Name Telephone			e # Email Address			ress					
Full Mailing Address Street Address			City State Zip			Zip						
Relationship to person listed above				Purpose for obtaining this record:								
I authorize ma	_					at the addr	ess below wi	II receiv	e my orde	r.		
Name of Person Rec	eiving Copies,	if Differer	nt from F	Requesto	r							
Mailing Address for 0	Copies, if Diffe	rent from F	Request	or								
City	у			State			Zip	Zip				
WARNING: IT IS			GNING .	A FORM	WHICH CO	NTAINS A F	ALSE STATEM			NGLY MAKING A		
A FINE OF UP TO	\$10,000. (HE	ALTH ANI	D SAFE	TY COD	E, CHAPTER	R 195, SEC. 1	195.003)					

APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
Angelina County Clerk
P O Box 908
Lufkin, Tx 75902

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

VS-142.3 Rev. 09/2015 Page 1 of 2



This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

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 (DF PARENT 2				
PART II. ENTER RELATIONSHIP TO PERSON ON RECO	RD AND THE TY	PE OF ID USED.				
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYP	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED				
AEEIDAVIT OE	DEDSONA	L KNOWLEDGE				
AFFIDAVII OF	PERSUNA					
PART III. THIS SECTION MUST BE SIGNED IN THE PRE	SENCE OF A NO	TARY PUBLIC.				
STATE OF						
COUNTY OF						
Before me on this day appeared	(Name)					
}[, Á^•ããã; *ÁœæÁ (Address)	(City)	(State)				
}[, A^•aaa; * AsseA (Address) who is related of Ac@A;^!•[} Ajae; ^åA;} AUae; of Address) (Relation (Relation (Address))	(Oity) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
•æ̂•ÁsæÁshe contents of this affidavit are true and correct.	лізпр)					
\$	Signature					
Sworn to and subscribed before me, this day of		_, 20				
		Signature of Notary Public				
		Commission Expires				
(Seal)		·				
(0001)		Typed or Printed Name				
		Street Address				
		City, State and 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 PHOTO ID TO:
Angelina County Clerk
P O Box 908
Lufkin, Tx 75902

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

VS-142.3(A) Rev. 09/2015 Page 2 of 2