



DARLENE HERRIN
COUNTY CLERK, KENDALL COUNTY

**MAIL APPLICATION FOR
 BIRTH AND DEATH RECORD**

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

Make check or money orders payable to: Darlene Herrin, Kendall County Clerk

Certified Copy of Birth Certificate \$23.00

Certified Copy of Death Certificate \$21.00 (First)
 \$4.00 (Each Additional Certified Copy at the time of same request)

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.

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	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
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:		
<input type="checkbox"/> 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	
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 _____				
(Applicant name)				
now residing at _____				
(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 affidavit are true and correct.				
(Relationship)				
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.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

VS-142.3 Rev. 06212016

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