

JACK COUNTY COURTHOUSE
100 N MAIN, SUITE 208
JACKSBORO, TX 76458



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countyclerk@jackcounty.org

APPLICATION FOR CERTIFIED
BIRTH OR DEATH RECORD

BIRTH CERTIFICATES				DEATH CERTIFICATES			
Type	Cost	# of copies	TOTAL	Type	Cost	# of copies	TOTAL
Standard Size	\$23			First Certified Copy	\$21		
Long Form (Passport)	\$23			Additional Copies	\$4		
		TOTAL				TOTAL	

IDENTIFY BIRTH OR DEATH RECORD INFORMATION				
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 Father	First Name	Middle Name		Last Name
Full Name of Mother	First Name	Middle Name		Maiden Name

APPLICANT INFORMATION				
APPLICANT'S NAME			TELEPHONE	
MAILING ADDRESS				
	STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP TO PERSON OF RECORD			PURPOSE FOR OBTAINING THIS RECORD	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records. {HSC §195.003(a-4)}

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC)

STATE OF _____ COUNTY OF _____ Before me on this day appeared _____

now residing at _____

Street Address _____ City _____ State _____

who is related to the person of record as _____ and who on oath deposes and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification _____

Applicant Signature _____

(Seal)

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary Public _____

Printed Name _____

Commission Expires _____