

**CITY CLERK'S OFFICE  
CITY OF MINERAL WELLS  
P.O. BOX 460 (U.S. MAIL)  
115 SW 1<sup>ST</sup> STREET (OVERNIGHT OR IN PERSON)  
MINERAL WELLS, TX 76068  
PHONE 940-328-7700  
(FAX) 940-328-7704**

**APPLICATION FOR BIRTH OR DEATH RECORD**

**APPLICATIONS WITHOUT PHOTO ID AND SWORN STATEMENT WILL NOT BE PROCESSED**

**Include cashier's check or money order payable to: City of Mineral Wells**

**PAYMENT WITH CREDIT CARD WILL INCLUDE AN ADDITIONAL 4% FEE**

**Include a self-addressed stamped envelope**

**PLEASE PRINT**

<input type="checkbox"/> Birth Certificate			
Type	Cost X	# of copies=	Total
8 ½ x 7	\$23		
8 ½ x 11	\$23		
<b>TOTAL</b>			

<input type="checkbox"/> Death Certificate			
Type	Cost X	# of copies=	Total
1 <sup>ST</sup> Certified Copy	\$21		
Each additional copy	\$4		
<b>TOTAL</b>			

<b>1. Full Name of Person on Record</b>	First Name	Middle Name	Last Name
<b>2. Date of Birth or Death</b>	Month	Day	Year
<b>3. Sex</b>			
<b>4. Place of Birth or Death</b>	City or Town	County	State
<b>5. Full Name of Father</b>	First Name	Middle Name	Maiden Name/Last Name
<b>6. Full Maiden Name of Mother</b>	First Name	Middle Name	Maiden Name/Last Name

7. YOUR NAME \_\_\_\_\_ 8. TELEPHONE # ( ) - \_\_\_\_\_

9. MAILING ADDRESS: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: \_\_\_\_\_ 11. PURPOSE FOR OBTAINING THIS RECORD: \_\_\_\_\_

12. ADDITIONAL INFORMATION FOR DEATH CERTIFICATE: BIRTH DATE \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_

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

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

**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 2-10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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 _____ and who on oath deposes and (Relationship)	
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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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

City of Mineral Wells  
P.O. Box 460  
Mineral Wells, TX 76068

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