

**GRACIE ALANIZ-GONZALES  
SAN PATRICIO COUNTY CLERK  
PO BOX 578  
SINTON TEXAS 78387  
361.364.9350**

Birth Certificates			
Type	Cost X	# of copies:	Total
Certified Copy	\$23		
<b>Total</b>			

Death Certificates			
Type	Cost X	# of copies:	Total
Certified (1 copy)	\$21		
Additional Copies	\$4		
<b>Total</b>			

**\*\*PAYABLE BY MONEY ORDER ONLY\*\***

**PAYABLE TO GRACIE ALANIZ-GONZALES, COUNTY CLERK**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE 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:		
<b>I authorize mailing to the address below. I have verified that the address below will receive my order.</b>					
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 _____					
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: _____					