



Genevieve Martinez
County Clerk
Wilson County

INSTRUCTIONS FOR ORDERING A BIRTH/DEATH CERTIFICATE BY MAIL

Please Print. Include a photocopy of your valid Photo ID, the following 2 page application (signed and notarized) and payment. This request is for a certified copy of a Birth and Death record.

The cost of the certified copies is:

- \$23 for Birth Certificate
- \$21 for Death and \$4 each additional certified copies of death, only

Please make check or money orders payable to: Wilson County Clerk
Temporary checks are not accepted. If a requested record is not found, we will return your check or money order to your return address.

Our mailing address is:

Genevieve Martinez, County Clerk
P.O. Box 27
Floresville, Texas 78114

1. Both pages of the following application must be completed in their entirety, signed with **ORIGINAL SIGNATURES** in the spaces required, and the proof of identification affidavit must be **NOTARIZED**.
2. You must include **BOTH** original signed forms along with proper identification. **Applications without Photo ID and the attached Sworn Statement will be returned unprocessed.**
3. **ALL APPLICATIONS MUST SUBMIT PROOF OF IDENTIFICATION.** Some of the acceptable forms of identification include:
 - A Driver's License or Identification Card issued by a state in the United States
 - A United States Passport
 - An unexpired Military Identification Card for Active Duty, Reserve, or Retired personnel with an ID photograph

You may find a full list of acceptable forms of identification at: www.dshs.texas.gov/vs/identification.aspx

For additional information, please call 830.393.7308

BIRTH
\$23.00 Per Copy

Genevieve Martinez
Wilson County Clerk
P.O. Box 27
Floresville, Tx. 78114
Phone: 830.393.7308

DEATH
\$21.00 First Copy
\$4.00 Additional Copies
Total Copies:

Total Copies:

APPLICATION FOR BIRTH OR DEATH CERTIFICATE

1. Full Name of Person on Record

2. First Name	3. Middle Name	4. Last Name
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5. Date of Birth/Death

6. Month	7. Day	8. Year	9. Sex
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10. Place of Birth/Death

11. City or Town	12. County	13. State
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14. Father's Full Name

15. First Name	16. Middle Name	17. Last Name
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18. Mother's Full Maiden Name

19. First Name	20. Middle Name	21. Maiden Name
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22. Applicant's Name	23. Area Code	24. Telephone Number
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25. Mailing Address	Street Name	26. City	27. State	28. Zip Code
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29. Signature of Applicant	30. Relationship to Person Named in Box #2
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31. Identification Type	32. Identification Number	33. Today's Date
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34. Purpose for Obtaining This Record
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35. Would you like to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visiting program administered by the Early Childhood Coordination of the Health and Human Services Commissioner? Please Check Yes ___ or No ___

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. (Health and Safety, Chapter 195, Sec 195.003)

PART I. Enter name, date and place of birth/death, and names of parents as information appears on birth/death certificate.

Full Name of Person on Record	Date of Birth/Death
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Place of Birth/Death (City or County)	Sex
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Full Name of Parent 1	Full Name of Parent 2
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PART II. Enter relationship to person on record and the type of ID used.

Name and Relationship to Person on Record	Type and Number of ID Accepted when Notarized
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AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. This section must be signed in the presence of a Notary Public.

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____.

Signature of Notary Public
Commission Expires
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:

Wilson County Clerk PO BOX 27 Floresville, TX 78114
Make Checks Payable to: Wilson County Clerk

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