



Application for Birth or Death Certificate  
Christy Eggleston, Menard District & County Clerk

☐ Certified Birth Certificate  
\$22.00/Copy \_\_\_\_\_

☐ Certified Death Certificate  
\$20.00/Copy \_\_\_\_\_  
Additional Copies \$3.00/Copy \_\_\_\_\_

Make Money Orders/Checks payable to: Menard County Clerk

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (STEP 1)							
Full Name of Person on Record	First			Middle		Last	
Date of Birth	Month	Day	Year	Date of Death	Month	Day	Year
Place of Birth	City/Town			County	TEXAS		
Place of Death	City/Town			County	TEXAS		
Full Name of Parent 1	First Name			Middle Name		Last Name before 1 <sup>st</sup> Marriage	
Full Name of Parent 2	First Name			Middle Name		Last Name before 1 <sup>st</sup> Marriage	
APPLICANT INFORMATION (STEP 2)							
Applicant's Full Name	Telephone #			E-Mail Address			
Full Mailing Address	Street			City/State/Zip			
Relationship to Person Named on Certificate: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian (Proof Required) <input type="checkbox"/> Legal Representative (Proof Required) <input type="checkbox"/> Other: _____							
Reason for Request: <input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____							
<input type="checkbox"/> I authorize mailing certificate to the address below. I have verified that the address will receive my order							
Name of Person Receiving Copies, if different from the Applicant							
Mailing Address for Copies, if different from the Applicant							
City		State		Zip			
AFFIDAVIT OF PERSONAL KNOWLEDGE - MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC (STEP 3)							
STATE OF _____				COUNTY OF _____			
This instrument was acknowledged before me on _____ by _____.							
Applicant Signature _____							
Notary Public Signature/ID#: _____							
Typed or Printed Name: _____							
Commission Expires: _____							

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, SECTION 195.003)

MAIL THIS APPLICATION, PAYMENT, AND PHOTOCOPY OF YOUR VALID PHOTO ID TO:  
MENARD COUNTY CLERK  
PO BOX 1038  
MENARD, TEXAS 76859

Signature: \_\_\_\_\_

Date: \_\_\_\_\_