



HONORABLE SHASTA BERGMAN

TRINITY COUNTY CLERK

211 W. 1ST STREET * P.O. BOX 456

GROVETON, TEXAS 75845

PHONE: (936) 642-1208

FAX: (936) 642-3004

REQUEST FOR BIRTH RECORDS

Birth Certificates: \$21.00 for the 1st copy

\$10 for each additional issued at the same time

Of copies: _____

To order a birth certificate by mail, please complete and mail this form along with payment. You must include a copy of your Driver's License or a photo I.D. **and** Notarized Proof of Identification or it will not be processed.

1. Name on Record: _____
 First Middle Last
2. Date of Birth: _____
3. Place of Birth: _____
4. Birth Certificate/Father's Name: _____
5. Birth Certificate/Mother's Maiden Name: _____
6. Your Relationship to person whose certificate you are requesting: _____
(Must be an immediate family member: husband, wife, child, sibling, parent, grandparent, or grandchild)
7. State the reason for obtaining the certificate: _____
8. Name of Applicant: _____
9. Mailing Address: _____
10. Signature of Applicant: _____ Date: _____

Birth Records are confidential for 75 years and

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 678, Sec. 195.003)



HONORABLE SHASTA BERGMAN

TRINITY COUNTY CLERK

211 W. 1ST STREET * P.O. BOX 456

GROVETON, TEXAS 75845

PHONE: (936) 642-1208

FAX: (936) 642-3004

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
(name)

now residing at _____
(Address) (City) (State)

who is related to the person named in Part I as _____ and who on oath deposes
(relationship)

and says that the contents of this affidavit are true and correct.

Signature _____

Sworn to and subscribed before me, this ____ day of _____, 20 ____.

(Please place notary stamp in space below)

Signature of Notary Public _____

Commission Expires _____

Typed or Printed Name _____

Street Address _____

City, State and Zip _____

WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

TRINITY COUNTY CLERK
SHASTA BERGMAN
PO BOX 456
GROVETON, TX 75845

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)