



Honorable Jamie Leal
Karnes County Clerk
210 W. Calvert, Suite 100
Karnes City, TX 78118

INSTRUCTIONS FOR ORDERING A BIRTH/DEATH CERTIFICATE BY MAIL

PLEASE PRINT. Include a photocopy of your valid Photo ID, the following application (signed and notarized) and payment. This request is for a certified copy of a Birth or 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: Karnes 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:

Jamie Leal, Karnes County Clerk
210 W. Calvert, Suite 100
Karnes City, Texas 78118

1. The application must be completed in its entirety, signed with ORIGINAL SIGNATURES in the spaces required, and the Affidavit of Personal Knowledge must be NOTARIZED. (no scratch outs or white outs on application)
2. You must include the application along with proper identification. Application without Photo ID and the attached Affidavit of Personal Knowledge will not be processed.
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.co.karnes.tx.us/page/karnes.County.Clerk

For additional information, please call 830-780-3938.

Honorable Jamie Leal, Karnes County Clerk
210 W. Calvert, Suite 100, Karnes City, Tx 78118
Phone: (830)-780-3938

Control # _____
Registrar # _____
Vol _____ Pg _____
Receipt # _____

Initials _____
Copies _____
Date _____

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: Karnes County Clerk.

| Birth Certificate | | | | Death Certificate | | | |
|------------------------------|------|-------------|-------|------------------------------|------|-------------|-------|
| Type | Cost | # of copies | Total | Type | Cost | # of copies | Total |
| Long Form | \$23 | | | Certified Copy (1 copy) | \$21 | | |
| Remote (out of county) | \$23 | | | Additional Copies | \$4 | | |
| Total (check or money order) | | | | Total (check or money order) | | | |

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

| | | | |
|-------------------------------|--------------|-------------|-----------------------|
| Full Name of Person on Record | First Name | Middle Name | Last Name/Suffix |
| Date of Birth/Death | Month | Day | Year |
| 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: | |

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

Name of Person Receiving Copies, if Different from Applicant:

Mailing Address for Copies, if Different from Applicant:

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 _____

(seal)

Sworn to and subscribed before me, this _____ day of _____, 20_____
Signature of Notary Public and Notary ID Number _____
Typed or Printed Name: _____
Commission Expired: _____
Street Address: _____
City, State, 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 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

**MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
KARNES COUNTY CLERK, 210 W. CALVERT, SUITE 100, KARNES CITY, TX 78118**