

Honorable Carol Swize, 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	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:		
<input type="checkbox"/> 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 _____ <small>(Applicant name)</small>				
now residing at _____ <small>(Address) (City) (State)</small>				
who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of this <small>(Relationship)</small> affidavit are true and correct.				
The applicant presented the following type and number of identification: _____				
Applicant signature _____		Sworn to and subscribed before me, this _____ day of _____, 20____		
(seal)		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**