



Walker County Clerk

Kari A. French

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REQUEST FOR BIRTH / DEATH RECORDS

<p><u>Birth Certificate Fee</u> \$23.00 each. Number of copies _____ <u>Note:</u> The State form MAY NOT work for a Passport. Please Initial _____</p>	<p><u>Death Certificate Fee:</u> \$21.00 for the 1st copy \$4.00 for each additional. Number of copies _____</p>	<p><u>Office Use Only</u> Certificate Number _____ BC DC</p>
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To order a birth or death certificate by mail, please complete this form along with a copy of your Driver's License or a photo I.D. **and** the Notarized Proof of Identification.

- Name on Record:** _____

First
Middle
Last
- Date of Birth/Death:** _____
- Place of Birth/Death:** _____
- Birth/Death Certificate Father's name:** _____
- Birth/Death Certificate Mother's maiden name:** _____
- Your relationship to person whose certificate you are requesting:** _____
(Must be an immediate family member: husband, wife, child, sibling, parent, grandparent, or grandchild)
- State the reason for obtaining the certificate:** _____
- Mailing address:** _____
- DL or ID No.:** _____ **Phone No.:** _____

Health and Safety Code, Chapter 678, Sec. 195.003

Birth Records are confidential for 75 years.

Death Records are confidential for 25 years.

Warning: The penalty for knowingly making a false statement when applying for a birth or death record can be 2-10 years in prison and a fine up to \$10,000.

Signature of Applicant: _____ **Date:** _____