

Limestone County Clerk's Office
PEGGY BECK
PO Box 350 / 200 W State St, Ste 102
Groesbeck, TX 76642
254-729-5504

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

Birth records are confidential for 75 years & Death Records for 25 years; therefore, issuance is restricted. Other records may be obtained when sufficient information for identification is provided.

BIRTH	
# REQUESTED	
_____ Certified Copies X \$23.00	= _____
TOTAL ENCLOSED	= _____

DEATH	
# REQUESTED	
_____ Certified Copies X \$21.00	= _____
_____ Additional Same Record X \$4.00	= _____
TOTAL ENCLOSED	= _____

PLEASE PRINT
See Reverse Side for Instructions

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day	Year
3. Sex			
4. Place of Birth or Death	City	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. **YOUR NAME:** _____
8. **TELEPHONE #:** _____
(MON-FRI 8:00-5:00)
9. **MAILING ADDRESS:** _____
STREET ADDRESS
CITY
STATE
ZIP
10. **RELATIONSHIP TO PERSON NAMED IN ITEM 1:** Parent / Grandparent / Child / Sibling / Spouse / Self / Other: _____
11. **PURPOSE FOR OBTAINING THIS RECORD:** _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

YOUR SIGNATURE

DATE OF APPLICATION

OFFICE USE ONLY

File Number / Record Not Found	Issued By
Document Control #'s	Identification Verified

Instructions for Application for Certified Copy of Birth or Death Record

- ◆ Fees are subject to change without notice.
- ◆ Birth records are confidential for 75 years and death records are confidential for 25 years; therefore, issuance is restricted.
- ◆ Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 10), and purpose (Item 11) be provided in order to issue the record.
- ◆ Check the appropriate box for either a birth or death record and indicate the number of records requested.

Item 1. Full Name of Person on Record ◆ Enter the full name of the person shown on the record being requested.

Item 2. Date of Birth or Death ◆ Enter the exact date of birth or death. If the exact date of death is not known, enter the date the person was last known to be alive.

Item 3. Sex ◆ Enter male or female.

Item 4. Place of Birth or Death ◆ Enter the name of the city or county in which the birth or death occurred. If the exact place of death is not known, enter the last address known when the person was alive.

Item 5. Full Name of Father ◆ Enter the full name of father of the person shown on the record.

Item 6. Full Maiden Name of Mother ◆ Enter the full maiden name of the mother of the person shown on the record.

Item 7. Your Name ◆ Enter your full name.

Item 8. Telephone ◆ Enter your telephone number with area code where you can be reached between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.

Item 9. Mailing Address ◆ Enter your complete current mailing address.

Item 10. Relationship to Person Named in Item 1 ◆ Enter how you are related to the person whose record you are requesting.

Item 11. Purpose for Obtaining this Record ◆ Enter the reason or purpose for which you are requesting this record.