**CITY OF RANGER**
**400 WEST MAIN ST.**
**RANGER, TX 76470**
**(254) 647-3522 (Office)**
**(254) 647-1407 (Fax)**
**citysecretary@rangertx.gov**

**APPLICATION FOR**
**BIRTH OR DEATH RECORD**
**CASHIER'S CHECK OR MONEY ORDER**
**NO PERSONAL OR BUSINESS CHECKS**

**BIRTH** ☐
**# REQUESTED**
___ CERTIFIED COPIES X $23.00 = $_____

**DEATH** ☐
**# REQUESTED**
___ CERTIFIED COPIES X $21.00 = $_____
___ EXTRA COPIES OF
   SAME RECORD X $4.00    = $ _____

**PLEASE PRINT** – SEE REVERSE SIDE FOR INSTRUCTIONS

1. **FULL NAME OF PERSON ON RECORD** _____
   FIRST          MIDDLE          LAST

2. **DATE OF BIRTH OR DEATH** _____     3. **SEX**  __Male_____ __Female_____
   MONTH    DAY    YEAR

4. **PLACE OF BIRTH OR DEATH** _____
   CITY          COUNTY          STATE

5. **FULL NAME OF FATHER** _____
   FIRST          MIDDLE          LAST

6. **FULL MAIDEN NAME OF MOTHER** _____
   FIRST          MIDDLE          LAST

7. **YOUR NAME** _____     8. **TELE. #: (___)_____**

9. **MAILING ADDRESS** _____
   STREET ADDRESS          CITY          STATE          ZIP

10. **RELATIONSHIP TO PERSON NAMED IN ITEM #1:** _____

11. **PURPOSE FOR OBTAINING THIS RECORD:** _____

12. **ADDITIONAL INDENTIFYING IDENTIFICATION FOR _DEATH_ CERTIFICATE**

   **SOCIAL SECURITY NUMBER OF DECEASED:** _____

   **BIRTHDATE** _____ **BIRTH PLACE, ETC.** _____

13. **IF CERTIFIED COPY IS TO BE MAILED TO SOME OTHER PERSON, PLEASE COMPLETE:**

   **NAME** _____     **STREET ADDRESS** _____

   **CITY** _____     **STATE** _____     **ZIP** _____

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

_____     _____
SIGNATURE OF APPLICANT                       DATE OF APPLICATION

**OFFICE USE ONLY**: I.D. TYPE/PHOTOCOPY REQUIRED _____ NUMBER _____

# INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

- Fees are subject to change without notice. For any search where the record is not found, the searching fee is non-refundable or transferable.
- Birth records are confidential for 50 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 the 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 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.

Item 12.  Additional Identifying Information for Death Certificate – The following additional information assists our staff in positively identifying when exact dates, places, and spelling of the name(s) are not known for a death certificate: Social Security Number of Deceased, Birthdate, and Birth Place, etc.

Item 13.  If certified copy is to be mailed to some other person, please complete – Enter the complete current mailing address of the person who is to be mailed the certified copy(ies), if someone other than yourself.

# NOTARIZED PROOF OF IDENTIFICATION

**PART I.   ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE**

| FULL NAME OF PERSON ON RECORD | DATE OF BIRTH/DEATH |
|---|---|

| PLACE OF BIRTH/DEATH (City or County) | SEX |
|---|---|

| FULL NAME OF PARENT 1 | FULL NAME OF PARENT 2 |
|---|---|

**PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

| NAME AND RELATIONSHIP TO PERSON ON RECORD | TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED |
|---|---|

# AFFIDAVIT OF PERSONAL KNOWLEDGE

**PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

STATE OF _____

COUNTY OF _____

Before me on this day appeared _____
                                                              (Name)

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

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

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

                                        Signature _____

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

*(Seal)*

| |
|---|
| Signature of Notary Public |
| Commission Expires |
| Typed or Printed Name |
| Street Address |
| City, State and 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 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, AND A PHOTOCOPY OF YOUR <u>VALID</u> PHOTO ID TO:**
**City of Ranger**
**ATTN: Savannah Fortenberry**
**400 W. Main Street**
**Ranger, Texas 76470**
**254-647-3522**

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