

**FRANKLIN COUNTY CLERK**  
**Post Office Box 1047**  
**200 North Kaufman Street**  
**Mount Vernon, TX 75457**

**903-537-2342 x 2**

[countyclerk@co.franklin.tx.us](mailto:countyclerk@co.franklin.tx.us)

If purchasing by mail – Include a photocopy of your valid photo ID and sworn Statement.

<b>BIRTH</b>	<b>DEATH</b>
_____ CERTIFIED COPIES X \$23 = _____  <div style="text-align: right;">TOTAL \$ _____</div>	1 CERTIFIED COPY X \$21 = \$21  _____ additional copies x \$4 = _____  <div style="text-align: right;">TOTAL \$ _____</div>
OFFICE USE ONLY	OFFICE USE ONLY
CERTIFICATE # ISSUED _____	CERTIFICATE # ISSUED _____

\_\_\_\_\_ I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

<b>1. Full Name of Person on Record</b>	First Name	Middle Name	Last Name
<b>2. Date of Birth OR Death</b>	Month	Day	Year
<b>3. Sex</b>			
<b>4. Place of Birth OR Death</b>	City or Town	County	State
<b>5. Full Name of Parent 1</b>	First Name	Middle Name	Maiden Name / Last Name
<b>6. Full Name of Parent 2</b>	First Name	Middle Name	Maiden Name / Last Name

7. Your Name \_\_\_\_\_ 8. Phone \_\_\_\_\_

9. Email Address \_\_\_\_\_

10. Your Mailing Address \_\_\_\_\_

11. Relationship to Person Named in Item 1 \_\_\_\_\_

12. Purpose for obtaining this record \_\_\_\_\_

**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)**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_