

FRANKLIN COUNTY CLERK
200 North Kaufman Street
Mount Vernon, TX 75457

903-537-8357

countyclerk@co.franklin.tx.us

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

BIRTH	
<p>_____ CERTIFIED COPIES X \$23 = _____</p> <p style="text-align: center;">TOTAL \$ _____</p>	
OFFICE USE ONLY	
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.

1. Full Name of Person on Record	First Name	Middle Name	Last Name at Time of Birth
2. Date of Birth	Month	Day	Year
3. Sex			
4. Place of Birth	City or Town	County	State
5. Full Name of Parent 1	First Name	Middle Name	Maiden Name / Last Name
6. Full Name of Parent 2	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 _____