Blanca Tuma, County Clerk/Local Registrar, Wise County
200 N. Trinity • P.O. Box 359 • Decatur, TX 76234 • (940) 627-3351
blanca.tuma@co.wise.tx.us • wisecountytx.gov

MAIL-IN APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

BIRTH- NUMBER REQUESTED
_____$23.00 Each Certified Copy

DEATH- NUMBER REQUESTED
_____$21.00 First Certified Copy
_____$4.00 Each Additional Copy

Make cashier's check or money order payable to: Wise County Clerk.

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST.

1.Full Name of Person on Record	First	Middle	Last (Maiden/Suffix)	
2.Date of Birth/Death	Month	Day	Year	Sex
3.Place of Birth/Death	City or Town	County	State	
4.Full Name of Parent 1	First	Middle	Last (Maiden/Suffix)	
5.Full Name of Parent 2	First	Middle	Last (Maiden/Suffix)	

☐ **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.**

7. Applicant's Name: _____ 8. Phone Number_____

9. Mailing Address: _____
Street Address City State Zip

10. Relationship to Person on Record: _____11. Purpose for obtaining this record: _____

☐ **I authorize mailing to the address below. I have verified that the address below will receive my order and receipt.**

Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	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)

_____ _____
Signature of Applicant **Date**

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND PHOTOCOPY OF YOUR VALID ID TO:
BLANCA TUMA, WISE COUNTY CLERK
P.O. BOX 359
200 N. TRINITY
DECATUR, TX 76234

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

The in-person application is a different form and is available in the County Clerk's office and does not require notarization.

FOR OFFICE USE ONLY

Deputy_____ Certificate #_____ Type of ID_____ ID# _____

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 _____
(Relationship)
and who on oath deposes and 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

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND PHOTOCOPY OF YOUR VALID ID TO:
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DECATUR, TX 76234

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