

**Brenda Fietsam  
Fayette County Clerk  
P.O Box 59  
La Grange, Texas 78945  
979-968-3251**

**MAIL APPLICATION FOR BIRTH  
AND DEATH RECORD**

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST.  
Make check or money orders payable to: Fayette County Clerk**

Birth Certificates			
Type	Cost X	# of copies=	Total
Certified Copy	\$23		
<b>Total (Check or money order payable to Fayette county clerk.)</b>			

Death Certificates			
Type	Cost X	# of copies=	Total
1 <sup>st</sup> Copy	\$21		
Additional copies	\$4		
<b>Total (Check or money order payable to Fayette County Clerk.)</b>			

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.

**BIRTH/DEATH RECORD INFORMATION**

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

**REQUESTOR INFORMATION**

Requestor Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

**\*\*\*\* To obtain Birth Certificate you must be a member of the immediate family (father, if listed on the record or with a court order if not listed, child, mother, grandparent, sibling, spouse, legal guardian or legal representative).**

**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)**

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

**APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.**

**MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:  
Fayette County Clerk  
P.O. BOX 59  
La Grange, Texas 78945**

