OFFICE USE ONLY Cert. #
DOCUMENT CONTROL#
By_____

Johnson County Clerk
P.O. Box 1986
Cleburne, Texas 76033
(817) 556-6191

OFFICE USE ONLY

Receipt/Track No. _____

Amount $ _____
Cash Check

Date _____

By _____

Application for Birth or Death Record

BIRTH ☐

Requested
_____Certified Copies X $23.00 =_____

DEATH ☐

Requested
_____Certified Copy X $21.00 =_____

_____ Extra Copies of Same Record X $4.00= _____

PLEASE PRINT

1. First Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth or Death	Month	Day	Year	3. Sex
4. Place of Birth or Death	City or Town	County		State
5. Full Name of Father	First Name	Middle Name		Last Name
6. Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

7. Your Name: _____ 8. Telephone # : _____

9. Mailing Address: _____
Street Address City State Zip

10. Relationship to Person Named in item 1: _____

11. Purpose for obtaining this record: _____

12. Additional identifying information for Death Certificate.

Social Security Number of Deceased _____

Birth date _____ Birth Place, Ect. _____

13. If certified copy is to be made to some other person, please complete

Name_____ Street Address_____

City_____ State_____ Zip Code_____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO $10,000. (HELATH AND SAFETY CODE, CHAPTER 195, SEC. 195. 003)

_____ _____
Your Signature Date of Application

OFFICE USE ONLY

_____ _____
Identification type (DL, ID Card, ect.) Number (on DL, ID card, ect)