



JENNIFER FOGG, COUNTY CLERK
 ROCKWALL COUNTY, TEXAS
 1111 EAST YELLOWJACKET LANE
 SUITE 100
 ROCKWALL, TEXAS 75087

APPLICATION FOR BIRTH OR DEATH VERIFICATION LETTER

BIRTH VERIFICATION LETTER – Number Requested _____
 _____ \$22.00 each

DEATH VERIFICATION LETTER– Number Requested _____
 _____ \$20.00 each.

Full Name on Record _____

First Middle Last

Date of Birth or Death _____ City & County of Birth or Death _____

Gender _____ Social Security Number (if known) _____

Mother/Parent 1 (if known) _____

First Middle Last (Maiden)

Father/Parent 2 (if known) _____

First Middle Last

Applicant Name _____

First Middle Last

Applicant Phone Number _____ Email Address _____

Applicant Mailing Address _____

Street City State Zip Code

If a certified copy of the verification is to be mailed to someone other than the applicant, please complete:

Name _____ Street Address _____

City _____ State _____ Zip Code _____

For any search of the files where a record is not found, the searching fee is not refundable or transferable.

WARNING: It is a Felony to falsify information on this document. The penalty for knowingly making a false statement on this form or signing a form which contains a false statement is 2 to 10 years imprisonment and a fine up to \$10,000. HS&C Chapter 195, Sec 195.003.

NOTICE: Incomplete applications will not be processed

 Signature of Applicant

 Date

MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF YOUR VALID ID (APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED) TO THE ADDRESS ABOVE.