



# WISE COUNTY CLERK

SHERRY LEMON

200 N. Trinity • Records Bldg. • P.O. Box 359 • Decatur, TX 76234 • (940) 627-3351 • Fax (940) 627-2138

TODAY'S DATE: \_\_\_\_\_

No. Copies: \_\_\_\_\_ Birth Record: \_\_\_\_\_ Copies  
(Copy \$22.00 per copy)

PLEASE PRINT:

Registrant's Full (Birth) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City

County

Registrants Gender:                      Male                      Female

Full Name of Father: \_\_\_\_\_

Full (Maiden) Name of Mother: \_\_\_\_\_

Please state your relationship to the Registrant: \_\_\_\_\_

Purpose for obtaining this record: \_\_\_\_\_

**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. (Health & Safety Code, Chapter 195, Sec. 195.003)"

\_\_\_\_\_  
Signature of Applicant

Telephone Number: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

DL No. or ID Card No. etc.: \_\_\_\_\_

(If not available, two secondary forms of ID must be supplied.)

Certificate Number: \_\_\_\_\_

Remote: \_\_\_\_\_

Deputy: \_\_\_\_\_

05-22-2004/Rev. 01-04-2010

Birth records are confidential for 75 years (SB 861 eff. 9-01-2003) and death records for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information, relationship, and purpose be provided in order to issue the record.