

Deaf Smith County Clerks Office
 Rachel Garman
 235 E 3rd RM 203
 Hereford TX. 79045
 (806)363-7077 FAX: (806) 363-7023

REQUESTED
 \$23.00 BIRTH _____
 \$21.00 DEATH _____ addn \$4.00
 0.50¢ PLASTIC SLEEVE _____

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

PLEASE PRINT. INCLUDE PHOTOCOPY OF YOUR VALID PHOTO ID.

Make check or money orders payable to: Deaf Smith County Clerk

FIRST NAME/ PRIMER NOMBRE:	MIDDLE NAME/ MEDIO NOMBRE:		LAST NAME/APELLIDO (BIRTH NAME):
MONTH/MES:	DAY/DIA:	YEAR/AÑO:	SEX/SEXO:
CITY/CIUDAD:	COUNTY/CONDADO:		STATE/ESTADO:
FATHERS FIRST NAME/NOMBRE DE PAPA:	MIDDLE NAME/MEDIO NOMBRE:		LAST NAME/APELLIDO:
MOTHERS FIRST NAME/NOMBRE DE MAMA:	MIDDLE NAME/MEDIO NOMBRE:		LAST NAME/ APELLIDO DE SOLTERA

YOUR NAME/SU NOMBRE: _____

TELEPHONE/TELEFONO #: _____

MAILING ADDRESS/DIRECCION: _____

RELATIONSHIP TO PERSON FOR REQUEST/ RELACION A PERSONA: _____

PURPOSE FOR OBTAINING THIS RECORD/ PROPOSITO PARA OBTENER ESTE REGISTRO: _____

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 the Health and Human Services.

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/FIRMA

 DATE/FECHA

If certified copy is being mailed, please complete:

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

NOTICE: Applicant must be qualified to obtain the record in accordance with section 181.11, Chapter 25, Texas Administrative code, i.e., self, immediate family member, legal guardian, legal agent.

Info: Texas Bureau of Vital Statistics, Department of State Health Services, 1100 west 49th Street, Austin Texas
 Phone (512)458-7111 mailing address Texas Bureau of Vital Statistics P.O. Box 149347 Austin TX 78714-9347
www.texasonline.com

NOTORIZED 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 signed by me and that the statements are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____.	

(Personalized Seal)

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and 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)

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

*Deaf Smith County Clerk's Office
235 E 3rd St
Hereford Tx 79045*

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

Instructions for Application for Certified Copy of Birth or Death Record

- Fees are subject to change without notice. For any search where the record is not found, the searching fee is non-refundable or transferable.
- Birth records are confidential for 75 years and death records are confidential for 25 years; therefore, issuance is restricted.
- Administrative rules require that on restricted records, all identifying information (Items 1-6), relationship (Item 10), and purpose (Item 11) be provided in order to issue the record.
- Check the appropriate box for either a birth or death record and indicate the number of records requested.
- If you would like 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

- Item 1. Full Name of Person on Record — Enter the full name of the person shown on the record being requested.
- Item 2. Date of Birth or Death — Enter the exact date of birth or death. If the exact date of death is not known, enter the date the person was last known to be alive.
- Item 3. Sex — Enter male or female.
- Item 4. Place of Birth or Death — Enter the name of the city or county in which the birth or death occurred. If the exact place of death is not known, enter the last address known when the person was alive.
- Item 5. Full Maiden/Name of Parent 1 — Enter the full maiden/name of Parent 1 of the person shown on the record.
- Item 6. Full Maiden/Name of Parent 2 — Enter the full maiden/name of the Parent 2 of the person shown on the record.
- Item 7. Your Name — Enter your full name.
- Item 8. Telephone — Enter your telephone number with area code where you can be reached between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.
- Item 9. Mailing Address — Enter your complete current mailing address.
- Item 10. Relationship to Person Named in Item 1 — Enter how you are related to the person whose record you are requesting.
- Item 11. Purpose for Obtaining this Record — Enter the reason or purpose for which you are requesting this record.
- Item 12. Additional Identifying Information for Death Certificate — The following additional information assists our staff in positively identifying a record when exact dates, places and spelling of the name(s) are not known for a death certificate: Social Security Number of Deceased, Birth Date, and Birth Place, etc.
- Item 13. If certified copy is to be mailed to some other person, please complete — Enter the complete current mailing address of the person who is to be mailed the certified copy(ies), if someone other than yourself.

If requesting a birth certificate by mail the NOTARIZED PROOF OF IDENTIFICATION and AFFIDAVIT OF PERSONAL KNOWLEDGE must accompany the application for Certified Copy of Birth or Death Certificate with a COPY OF VALID IDENTIFICATION.