**Deaf Smith County Clerk's Office** Rachel Garman 235 E 3<sup>rd</sup> RM 203 Hereford TX. 79045 (806)363-7077 FAX: (806) 363-7023

# REQU	ESTED
\$22.00 BIRTH	
\$20.00 DEATH	addn \$4.00
0.50¢ PLASTIC SLEEVE	<del></del>

## APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

PLEASE PRINT. INCLUDE PHOTOCOPY OF YOUR VALID PHOTO ID.

		able to: Deaf Smith County C	<del></del>	
FIRST NAME/ PRIMER NOMBRE:	MIDDLE NAME/ MEDIO NOMBRE:		LAST NAME/APELLIDO (BIRTH NAME	
MONTH/MES:	DAY/DIA: ·	YEAR/AÑO:	SEX/SEXO:	
CITY/CIUDAD:	COUNT	Y/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 NOMBR	E:			
TELEPHONE/TELEFONO #	t:		<u> </u>	
MAILING ADDRESS/DIREC	CCION:			
RELATIONSHIP TO PERSON F	OR REQUEST/	RELACION A PERSO	DNA:	
PURPOSE FOR OBTAINING THIS RECO	ORD/ PROPOSIT	O PARA OBTENER ES	TE REGISTRO:	
l Wish to make a voluntary contribution of \$ Program administered by the Offi				
WARNING: THE PENALTY FOR KNOWING PRISON AND A FINE OF UP TO				
	<u> </u>			
IGNATURE/FIRMA			ATE/FECHA	
certified copy is being mailed, please co	omplete:	•.		
Name:	Street	Address:		
City:	Sta	te:Zip Co	ode:	
NOTICE: Applicant must be qualified to obtain the				

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 BIRT BIRTH/DEATH CERTIFICATE	TH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON
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 RE	ECORD AND THE TYPE OF ID USED.
NAME AND RELATIONSHIP TO PERSON ON RECO	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED
·	
PART III. THIS SECTION MUST BE SIGNED IN THE	PRESENCE OF A NOTARY PUBLIC.
STATE OF	
COUNTY OF	
Before me on this day appeared	<u> </u>
now residing at(Address)	(Name)
who is related to the person named on Part I as(F says that the contents of this affidavit signed by me and that the	(City) (State) and who on bath deposes and Relationship).
out and contains of the singular office of the singular	Signature
Course to and automathed before the this	day of
Swom to and subscribed befole me, this	
$\epsilon_{ij} = \epsilon_{ij} = \epsilon_{ij}$	Signature of Notary Public
	Commission Expires
(Personalized Seal)	
(, a,	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

Here ford 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 know 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
- 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.