

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
\$1.00 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: TEXAS
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 _____ <div style="text-align: center; font-size: small;">(Name)</div>	
now residing at _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Address) (City) (State) </div>	
who is related to the person named on Part I as _____ and who on oath deposes and <div style="text-align: center; font-size: x-small;">(Relationship)</div>	
says that the contents of this affidavit signed by me and that the statements are true and correct. <div style="text-align: right; font-size: small;">Signature _____</div>	
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)