

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

HONORABLE SUSAN TIPTON

LYNN COUNTY CLERK

P O BOX 937, TAHOKA TX 79373

Phone (806) 561-4750

BIRTH - \$ 23.00
Enter quantity: _____

DEATH
Enter quantity: _____
_____ \$ 21.00 First Certified Copy
_____ \$ 4.00 each additional copy at same time.

PLASTIC COVER - \$ 2.00 each - Enter quantity: _____

Registrant's full name on record: _____
First Middle Last name at birth / death

Gender (M/F) _____ Date of Birth or Death: _____ County of Birth or Death _____

Mother's Name: _____
First Middle Maiden Name

Father's Name: _____
First Middle Last

Purpose for obtaining copy of certificate: _____

Applicant's Name: _____
First Middle Last

Daytime Phone Number: _____ Relationship to Registrant: _____

Applicant's Mailing Address: _____
Number & Street City State Zip

ID Type & #: _____ Expiration Date: _____

NOTICE: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 10 YEARS AND/OR A FINE OF UP TO \$ 10,000. (Texas Health & Safety Code, Chapter 195, Sec. 195.003); Texas Penal Code, Chapter 12 and Chapter 37, Sec. 37.10)

Applicant Signature _____ Today's Date _____
By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above

Sworn to and subscribed by _____ before me the _____
day of _____

COUNTY CLERK

Please make check or money order payable to: LYNN COUNTY CLERK
OFFICE USE ONLY

Control # (s) _____
Registrar File # _____ Volume _____ Page _____ Date Issued _____
Copies Issued _____ Receipt # _____ Deputy Initials _____

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED
Signed by: _____

NOTARIZED 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 _____ and who on oath deposes and (Relationship)	
says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20_____	
<p>(Seal)</p>	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)