

# APPLICATION FOR A CERTIFIED COPY OF BIRTH/DEATH CERTIFICATE

Lynn County Clerk  
Karen Strickland  
P.O. Box 937  
1501 Main Street  
Tahoka, Texas 79373  
806-561-4750

OFFICE USE ONLY	
Each Certified Copy (Birth).....	\$23.00
First Certified Copy (Death).....	\$21.00
Each Copy after.....	\$4.00
# of Certified Request .....	_____
Total Due .....	\$_____
Certificate No. ....	_____

## Please Print

## Information Found on Birth Certificate

1. Full Name on Record: (First, Middle Last)

2. Date of Birth:

3. Place of Birth: (City, County)

4. Full Name of Parent 1: (First, Middle, Maiden Name/Last Name)

5. Full Name of Parent 2: (First, Middle, Maiden Name/Last Name)

## Information about Applicant

1. Applicant's Full Name

2. Applicant's Mailing Address:

3. Telephone Number:

Email Address:

4. Applicant's Relationship to Person Named in #1:

5. Purpose for Obtaining Record:

**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/OR A FINE UP TO \$10,000. (TEXAS HEALTH & SAFETY CODE, CHAPTER 195, SEC 195.003); (Texas Penal Code, Chapter 12 and Chapter 37, Sec 37.10)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

**(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)**

For Application that are sent by mail:

The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to this completed application of the request will not be processed.

Sworn to and subscribed by \_\_\_\_\_ before me the \_\_\_\_\_  
day of \_\_\_\_\_.

\_\_\_\_\_  
County Clerk/Notary

Please make checks or money orders payable to: LYNN COUNTY CLERK.

**OFFICE USE ONLY:**

Registrar File #: \_\_\_\_\_

Volume: \_\_\_\_\_

Page: \_\_\_\_\_

Date Issued: \_\_\_\_\_

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