## Karen Rendon Lynn COUNTY CLERK 1501 South 1st Street, Tahoka, Texas 79373 APPLICATION FOR BIRTH OR DEATH RECORD

BIRTH	☐ CERT#		DEATH CERT#			
# REQUESTE			# REQUESTE			
CERT. COPIES X \$23.00 CASHIER CHECK, MONEY ORDER  For Passport ONLY  Not For Passport			CERT. COPIES X \$21.00 CASHIER CHECK, MONEY ORDER EXTRA COPIES ONLY SAME RECORD X \$ 4.00			
	·	PLEASE	PRINT			
. FULL NAME OF PERSON ON	FIRST NAME	MID	IDDLE NAME		LAST NAME	
RECORD		_	CONTROL NAME OF STREET			
DATE OF BIRTH/ DEATH	МОМТН	DAY/ YEAR		3. S	3. SEX	
A. PLACE OF BIRTH /DEATH	CITY OR TOWN	COUNTY		STA	STATE	
5. FULL NAME OF FATHER	FIRST NAME	MIDDLE NAME		LAS	LAST NAME	
6. FULL MAIDEN NAME OF MOTHER	FIRST NAME	MID	IDDLE NAME		MAIDEN NAME	
YOUR NAME			8, TELEI	PHONE #()		
	ESS: STREET ADDRESS					
			CHY	•	STATE ZIP	
. RELATIONSHII	P TO PERSON NAMED IN ITEM (Self,	I: Mother	, Pather, Grand	parents, Sister, Br	other, Spouse, Son or Da	aught
. PURPOSE FOR	OBTAINING THIS RECORD:		<del></del>			
ADDITIONALI	(If f DENTIFYING INFORMATION FO			t the long form)	Mary Transcorpt	
	URITY NUMBER					
	ATH					
	COPY IS TO BE MAILED TO SO					
-			•			
					ZIP CODE	
	ENALTY FOR KNOWINGLY MA AND A FINE OF UP TO \$10,000					
AND THE STREET					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OUR SIGNATU	DE		DATE (	OF APPLICAT	LION	

## NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON

THE THINKS OF TAILER TO AS IN ORMATION APPEARS ON			
DATE OF BIRTH/DEATH			
SEX			
FULL NAME OF PARENT 2			
AND THE TYPE OF ID USED.  TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED			
SONAL KNOWLED GE CE OF A NOTARY PUBLIC.			
(State)			
and who on oath deposes			
Signature			
, 20,			
Signature of Notary Public  Commission Expires			
Typed or Printed Name			
Street Address			
Clty, State and Zlp			
) at			

WARNING: IT 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 SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

LYNN COUNTY CLERK VITAL RECORDS 1501 S 1st ST. Tahoka, TX 79373

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