

# APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

Lipscomb Co. Clerk  
Chrissy Dunn  
P O Box 70  
Lipscomb, TX 79056  
806-862-3091

Office Use Only	
Birth Copy.....	\$23.00
Death Copy.....	\$21.00
Add 'l Death Copy.....	\$4.00
Certificate NO. ....	_____
Cash ___ Check# _____	Debit/credit _____
(Only money orders/cashier checks by mail)	

I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood

**WARNING:** The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00(Health & Safety Code 195.003)

Reason for Request: **Records** **Estate** **Insurance** **Other:** \_\_\_\_\_

**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: \_\_\_\_\_
5. Full Name of Parent 2: \_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name: \_\_\_\_\_
7. Applicant's Mailing Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_ 9. Email Address \_\_\_\_\_
10. Applicant's Relationship to Person Named in #1: \_\_\_\_\_
11. Purpose for Obtaining Record: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
(COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

\_\_\_\_\_  
Today's Date

**For applications 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 or the request will not be processed.**

**NOTARIZED PROOF OF IDENTIFICATION**

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

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named in Part I as _____ (relationship) and who on oath deposes	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 ____.	
<b>(Please place notary stamp in space below)</b>	
Signature of Notary Public	
Commission Expires	
Typed or Printed Name	
Street Address	
City, State and Zip	

**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:**

**LIPSCOMB COUNTY CLERK  
VITAL RECORDS  
PO BOX 70  
LIPSCOMB, TX 79056**

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