



This is a fillable form. You must have it notarized if you are applying by mail.

**PRINT**

**Yoakum County Clerk  
Summer Lovelace**

**BIRTH CERTIFICATE APPLICATION**

PLEASE TYPE OR PRINT. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. INCLUDE A PHOTOCOPY OF YOUR VALID I.D. WHEN SENDING IN THE REQUEST BY MAIL.

**STEP 1: YOUR INFORMATION AND MAILING ADDRESS (PLEASE PRINT)**

Your Name: (first, middle, last name, suffix): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Your relationship to the person named on the certificate:  Self/Parent  Other (specify): \_\_\_\_\_

Reason for request:  Newborn  Travel/Passport  Records  School  Insurance  Other: \_\_\_\_\_

I authorize mailing to the address below, if mailing to address *other* than address listed above:

Name: (first, middle, last name, suffix): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**STEP 2: INFORMATION FOR THE PERSON NAMED ON THE BIRTH CERTIFICATE (PLEASE PRINT)**

Full Name on Certificate  
(First, Middle, Last Name, Suffix): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: TEXAS ONLY

Parent 1: First, Middle, Last name prior to first marriage (maiden name) \_\_\_\_\_

Parent 2: First, Middle, Last name prior to first marriage (maiden name) \_\_\_\_\_

**STEP 3: COST & FEES (FEES NON-REFUNDABLE)**

Select Certificate Type	QTY	Price/Each	Total	CASH, MONEY ORDER, OR CARD BY PHONE  PLEASE DO NOT MAIL CASH
<input type="checkbox"/> Long Form Certificate (Yoakum County only)		x \$23.00	\$	
<input type="checkbox"/> Short Form Certificate		x \$23.00	\$	
<input type="checkbox"/> Military Personnel with current deployment orders		-----EXEMPT-----		
<input type="checkbox"/> [Redacted]				
<b>TOTAL DUE:</b>			<b>\$</b>	

**STEP 4: ACKNOWLEDGMENT - If you are submitting the application by mail, you must have it notarized before mailing it in.**

STATE OF Texas  
COUNTY of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date)

By: \_\_\_\_\_  
(name of person acknowledging)

By: \_\_\_\_\_  
Notary Public or Deputy Clerk

(seal)

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)

**STEP 5: SIGN**

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**OFFICE USE ONLY**

Cash  Paid by phone  Money Order AMOUNT: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_

Document Control Number: \_\_\_\_\_