

**BIRTH OR DEATH CERTIFICATE APPLICATION**

**Yoakum County Clerk**

**P. O. Box 309**

**Plains, Texas 79355**

**Phone: (806) 456-7491 Ext. 294**

**Fax: (806) 456-2258**

**Cashier's Checks or Money Orders should be made payable to Yoakum County Clerk**

**\*\*NO PERSONAL CHECKS FROM OUT OF TOWN WILL BE ACCEPTED\*\***

Birth Certificate \$23.00 Per Copy  
 Long Form \$23.00 per Copy

Please keep in mind that a long form will only be available through our office if you were born in Yoakum County.

Death Certificate  
 1<sup>st</sup> Copy = \$21.00  
 Additional Copies = \$3.00 each  
 # of Additional Copies X \$3.00 = \_\_\_\_\_  
 Total Due: \_\_\_\_\_

**INFORMATION ON RECORD:**

\*Full Name on Record (First, MI, Last) \_\_\_\_\_ Date of Birth/Death \_\_\_\_\_

City of Birth/Death \_\_\_\_\_ County of Birth/Death \_\_\_\_\_ Sex

Full Name of Father (First, MI, Last) \_\_\_\_\_

Full Name of Mother (First, MI, Last) \_\_\_\_\_

Social Security Number (If Death) \_\_\_\_\_

**APPLICANT'S INFORMATION:**

Full Name of Applicant (First, MI, Last) \_\_\_\_\_

Applicant's Complete Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Applicant's Telephone No. w/Area Code \_\_\_\_\_

Applicant's Cell Phone No. w/Area Code \_\_\_\_\_

Purpose for obtaining this record \_\_\_\_\_

Relationship to name on record \* \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

This application may be mailed to our offices along with payment, and a clear and current photocopy of your valid ID.

If you are mailing, please mail to:

Yoakum County Clerk

P. O. Box 309

Plains, TX 79355

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000.

(Health & Safety Code, Chapter 195, Sec. 195-003)

**ISSUER, PLEASE ATTACH A COPY OF THE IDENTIFICATION USED TO OBTAIN A COPY OF THIS VITAL RECORD**

**Would you like to donate \$5.00 to the Texas Home Visiting Program? (Please Circle) Yes \_\_\_ or No \_\_\_**

\*\*\*\*\*

Certificate # \_\_\_\_\_

Void 's (if any) \_\_\_\_\_

Issuer's Initials \_\_\_\_\_

## 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 on 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_____.

(Seal)

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)**

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

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