

TAMMY MARSHALL, CROSBY COUNTY CLERK  
201 West Aspen, Ste. 102  
Crosbyton, Texas 79322

806-675-2334

APPLICATION FOR A CERTIFIED COPY  
OF BIRTH/DEATH IN TEXAS

ALL BIRTH CERTIFICATES ARE \$23.00 EACH  
# OF COPIES: FULL SIZE ABSTRACT \_\_\_\_\_  
# OF COPIES: \*F.I.I. REPRODUCTION \_\_\_\_\_

ALL DEATH CERTIFICATES ARE \$21.00 EACH  
\$4.00 FOR EACH ADDITIONAL DEATH CERT.  
# of COPIES \_\_\_\_\_

Birth Records are Confidential for 75 years and Death Records are Confidential for 25 years. Confidential Records may be issued only to a properly qualified applicant *see below*. A search/index fee of \$23.00/\$21.00 is retained *even if the record is not found*.

**PLEASE PRINT Information found on Birth/Death Certificate**

NAME OF PERSON ON RECORD \_\_\_\_\_  
First Middle Last

DATE OF BIRTH/DEATH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
Month Day Year

PLACE OF BIRTH/DEATH \_\_\_\_\_ / \_\_\_\_\_  
City County

PARENT 1 NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Maiden Name/Last Name

PARENT 2 NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Maiden Name/Last Name

APPLICANT IDENTIFICATION IS REQUIRED: Driver's License, State I.D. Card, Military I.D., etc. (If requested by mail **MUST include NOTARIZED PROOF OF IDENTIFICATION**), and money order or credit card info(see above) and photocopy of I.D.

Name of Person Applying for Record \_\_\_\_\_

Applicant's Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Applicant's Mailing Address: \_\_\_\_\_

Applicant's Relationship: \_\_\_\_\_ Purpose for obtaining the Certificate: \_\_\_\_\_

I swear, under penalty of law, that the information given above is true and correct.

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

\_\_\_\_\_  
DATE

**\*\*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 (TEXAS HEALTH AND SAFETY CODE, CHAPTER 195 SEC. 195.003)**

VOL \_\_\_\_\_ PG \_\_\_\_\_  
ISSUED BY: \_\_\_\_\_  
CERTIFICATE # \_\_\_\_\_

**VITAL STATISTICS INFORMATION**

All requests for vital documents must be in writing and accompanied by the proper fee. No telephone requests for documents or verifications may be accepted. State law requires that all information on this form be furnished. Mail requests are accepted after proper payment and documents are normally mailed by the next day after received. State law requires identification for all requests for vital records. Confidential records may be released only to properly qualified applicants. A properly qualified applicant is the person named on the certificate, a member of the immediate family (father, mother, brother, sister, spouse or grandparent or a legal or personal representative). A legal representative must provide a signed letter of authorization and proper identification for themselves and from the person giving the authorization. Legal guardians must show proof of guardianship. If a father's name does not appear on the certificate, he will be asked to provide other proof of the relationship or a letter signed by the mother authorizing. Birth Certificates are available for births anywhere in the State of Texas from 1926 to present.

**NOTARIZED PROOF OF IDENTIFICATION**

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

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 \_\_\_\_\_

**PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.**

NAME AND RELATIONSHIP TO PERSON ON RECORD \_\_\_\_\_ TYPE/NUMBER OF ID ACCEPTED WHEN NOTARIZED \_\_\_\_\_

**AFFIDAVIT OF PERSONAL KNOWLEDGE**

**PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

before me on this day appeared \_\_\_\_\_ (Name)

now residing at \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

who is related to the person 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\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Typed or Printed Name

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

\_\_\_\_\_  
City, State and Zip

*Seal*

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