



City of Yoakum Local Registrar  
 PO Box 738/808 Hwy 77A South  
 Yoakum, TX 77995  
 Phone #: (361) 293-6321 Fax #: (361) 293-3318

**VITAL RECORDS APPLICATION FORM**

Revised February 2016

**Instructions:**

- Read ALL instructions carefully before completing and submitting this application.
- If any relevant part of this application is left blank, it will be returned to you.
- Valid identification must be presented (a copy will be made) to verify you are a qualified applicant.
- A **LONG FORM BIRTH CERTIFICATE** is recommended if applying for a **PASSPORT**.
- Birth records are confidential for 75 years from the date of birth; therefore, issuance is restricted to a qualified applicant ONLY.
- Death records are confidential for 25 years from the date of death; therefore, issuance is restricted to a qualified applicant ONLY.

**PLEASE PRINT**

**Applicant's Information (this is you):**

Your Name:	Phone #:	Relationship To Individual on Record:
Address (Mailing/Physical):	City:	State: Zip:
Reason For Obtaining A Copy of This Record:	Your Signature:	Date:

**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 this form which contains a false statement can result in 2-10 years in prison and a fine of up to \$10,000 (Health & Safety Code, Chapter 678, Sec.195.003)

**Record (information on certificate):**

Name on Record:	Date of Birth/Death:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City & County of Birth/Death:	<b>For Death</b> – Date of Birth:	<b>For Death</b> – Place of Birth:
Mother's First Name:	Middle:	MAIDEN Last
Father's First Name: (IF listed)	Middle	Last

**What are you applying for (please check box below)?**

**Birth Certificate**

**Abstract/Short Form** OR  **Long Form (born in YOAKUM - 1947 to present ONLY)**

\$23.00 x # \_\_\_\_\_ copies = \$ \_\_\_\_\_

OR (\$23.74 if by credit/debit card)

We accept Check, Cash, Money Order, Visa or Mastercard - please add 3.2% additional cost for processing of a debit/credit card.

**Death Certificate (died in Yoakum – 1948 to present ONLY)**

\$21.00 – 1<sup>st</sup> Copy (\$21.67 if by credit/debit card) +

\$3.00 x # \_\_\_\_\_ additional copies = \$ \_\_\_\_\_

(\$3.10 if by credit/debit card)

(Death certificates obtained at a different date/time will accrue a new fee of \$21.00)

Fee rates are set by the Texas Board of Health and are not

**MUST PRESENT VALID IDENTIFICATION & SUBMIT PAYMENT BEFORE APPLICATION IS PROCESSED.**

It is recommended that vital records be mailed to you via a traceable method (certified mail, UPS, FedEx) - additional fees will apply, please call our office.

*If mailing & paying by credit/debit card:*  
 Name on Card: \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Security Code: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
Identification Type: _____	Document #: _____	Expiration: _____
Other identification, if required: _____		
<b>OBTAIN COPY OF ALL ID/DOCUMENTATION PROVIDED</b>		
Local Registrar/State File #: _____	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Abstract/Short Form <input type="checkbox"/> Long Form
	<input type="checkbox"/> Death Certificate	
Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card – Mastercard OR Visa	