



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 June 2018

**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:<br><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:<br><i>(IF listed)</i> | 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)

Fee rates are set by the Texas Board of Health and are not mandated by the Texas Legislature. For any search where a record is not found, the search fee is NOT refundable or transferrable.

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

**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 |  |   |