



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:	For Death – Date of Birth:	For Death – 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 – 1st Copy (\$21.67 if by credit/debit card) +
 \$4.00 x # _____ additional copies = \$ _____

(\$4.13 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 mandated by the Texas Legislature. For any search where a record is not found, the search fee is NOT refundable or transferrable.

If mailing & paying by credit/debit card:

Name on Card: _____

Card #: _____

Signature: _____

Expiration Date: _____

Security Code: _____

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.

FOR OFFICE USE ONLY:

Identification Type: _____ Document #: _____ Expiration: _____

Other identification, if required: _____

OBTAIN COPY OF ALL ID/DOCUMENTATION PROVIDED

Local Registrar/State File #: _____ Birth Certificate Abstract/Short Form Long Form
 Death Certificate

Type of Payment: Cash Check # _____ Money Order Credit Card – Mastercard OR Visa