

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. A person commits an offense if the person intentionally or knowingly makes a false statement or directs another person to make a false statement in an application for a certified copy of vital records. (Health & Safety Code, Chapter 195, Sec. 195.003)

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



Application for an Election Identification Birth Certificate

Your Initials - Election Identification Certificate = \$3.00 (\$3.10 if paying by credit/debit card)

By checking this box and initialing, you swear that the use of this Election Identification Birth Certificate is needed to obtain an Election Identification Card issued by the Texas Department of Public Safety. The certificate cannot be used for any other purpose.

For any search where a record is not found, the fee(s) are non-refundable AND non-transferable. Fee rates are set by the Texas Board of Health and are not mandated by the Texas Legislature. An **Election Identification Birth Certificate** is a type of birth certificate that can only be used for obtaining an Election ID Card from the Texas Department of Public Safety. This certificate may only be issued once in a person's lifetime and cannot be used for identification purposes. The following statement will print on this certificate: **“FOR ELECTION PURPOSES ONLY CANNOT BE USED AS IDENTIFICATION”**. Only the person seeking an Election Identification Certificate can obtain their own birth certificate. No family member or otherwise qualified applicants will be able to obtain a birth certificate subject to the waiver of fees on behalf of other persons.

ALL BLANKS MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST

Information on Record:

* Full Name on Record (First, MI, Last) Date of Birth

Place of Birth County of Birth Sex

Full Name of Father (First, MI, Last)
if listed on record

Full MAIDEN Name of Mother (First, MI, Last)
as it appears on record

Your Full Name (First, MI, Last)

Your Complete Address

Telephone No. w/Area Code

Cell Phone No. w/Area Code

Email Address

These phone #'s are important in case we need to contact you regarding the request.

ONLY THE PERSON SEEKING AN ELECTION IDENTIFICATION CERTIFICATE CAN OBTAIN THEIR OWN BIRTH CERTIFICATE

Your Signature Date

This application may be mailed to our offices *along with payment, and a legible photocopy of your VALID ID (please see trackable mailing statement)*

If you are mailing, please mail to:

City of Yoakum, Attn: Vital Records PO Box 738, Yoakum, TX 77995

It is highly recommended that vital records be mailed through a trackable method (certified mail, UPS, Fedex)

For mailing options, please contact our office - additional fees will apply.

APPLICATIONS RECEIVED WITHOUT VALID PHOTO IDENTIFICATION AND PAYMENT WILL NOT BE PROCESSED.

Checks or money orders should be made payable to the City of Yoakum. If paying by **credit/debit card**, please complete credit card information below (in blue at bottom right) and fax to (361) 293-3318 along with a legible copy of your identification for more timely processing.

FOR OFFICE USE ONLY:

Identification Type _____ ID# _____ Expiration _____ Other ID, if necessary _____
State File # _____

PAID (circle one) Check # _____ Cash Money Order **Credit Card - Mastercard OR VISA #** _____ Expiration _____

Name on Card _____ **X** _____

Signature of Cardholder