

OFFICE USE ONLY
By: _____



OFFICE USE ONLY
DOC #:
Vol/Pg:

MAIL APPLICATION FOR BIRTH AND DEATH RECORD
INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: Lavaca County Clerk

Birth Certificates Clerk.				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Certified Copy	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		
Total (Check or money order payable to Lavaca County Clerk)				Total (Check or money order payable to Lavaca County Clerk)			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County		State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	

APPLICANT INFORMATION (Part II)				
Applicant Name	Telephone #	Email Address		
Full Mailing Address	Street Address	City	State	Zip
Relationship to person listed above	Purpose for obtaining this record:			

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF COUNTY OF _____ Before me on this day appeared _____ (Applicant name)
 now residing at _____ (Address) _____ (City) _____ (State)
 who is related to the person named on Part I as _____ and who on oath deposes and says that the contents of
 this affidavit are true and correct (Relationship)
 The applicant presented the following type and number of identification: _____
 Applicant Signature _____
 (Seal) Sworn to and subscribed before me, this _____ day of _____, 20____.
 Signature of Notary Public and Notary ID Number _____
 Typed or Printed Name: _____
 Commission Expires: _____
 Street Address: _____
 City, State, Zip: _____

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 A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Barbara K. Steffek, Lavaca County Clerk
412 N. Texana, PO Box 326
Hallettsville, Texas 77964