

Certified Copy of Birth or Death Certificate

Office Use Only: By Deputy: _____ Doc#: _____ Vol/Pg: _____

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN REQUEST.
MAKE CHECKS OR MONEY ORDERS PAYABLE TO LAVACA COUNTY CLERK.

BIRTH CERTIFICATES				DEATH CERTIFICATES			
Type	Cost	#Copies	TOTAL	Type	Cost	#Copies	TOTAL
Certified Copy	\$23			Certified Copy	\$21		
Total made Payable to Lavaca County Clerk				Total made Payable to Lavaca County Clerk			
				Additional Copies	\$4		

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.

Information of Person on Birth or Death Record (Part 1)				
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	

Requestor's Information (Part 2)			
Requestor's Name	Telephone #	E-mail 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 Requestor		
Mailing Address for Copies, If Different from Requestor		
City	State	Zip

Affidavit of Personal Knowledge (Must be Signed in Presence of a Notary Public (Part 3))

State of _____ County of _____ Before me on this day appeared _____
now residing at _____

who is related to the person named on Part 1 as _____ and who, on oath, deposes
(relationship)

and says that the contents of this affidavit are true and correct. The requestor presented the following type and number of identification: _____

Requestor's Signature _____

Sworn to and subscribed before me, this ____ day of ____, 20__.

Signature of Notary Public and Notary ID# _____

(Seal) Typed or Printed Name _____

Commissioner Expires _____

Street Address, City & State _____

**MAIL THIS APPLICATION, PAYMENT & VALID PHOTO ID TO:
ELIZABETH A. KOUBA, LAVACA COUNTY CLERK
412 N TEXANA, PO BOX 326
HALLETTSVILLE, TX 77964**

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.)