

JENNIFER PALERMO

HOCKLEY COUNTY CLERK
802 HOUSTON ST., STE 213
LEVELLAND, TX 79336

APPLICATION FOR BIRTH OR DEATH RECORD

BIRTH <input type="checkbox"/> CERT# _____ # REQUESTED _____ _____ CERT. COPIES X \$23.00 CASH ONLY <input type="checkbox"/> For Passport <input type="checkbox"/> Not For Passport	DEATH <input type="checkbox"/> CERT# _____ # REQUESTED _____ _____ CERT. COPIES X \$21.00 CASH ONLY _____ EXTRA COPIES _____ SAME RECORD X \$ 4.00
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PLEASE PRINT

1. FULL NAME OF PERSON ON RECORD	FIRST NAME	MIDDLE NAME	LAST NAME
2. DATE OF BIRTH/ DEATH	MONTH	DAY/ YEAR	3. SEX
4. PLACE OF BIRTH /DEATH	CITY OR TOWN	COUNTY	STATE
5. FULL NAME OF FATHER	FIRST NAME	MIDDLE NAME	LAST NAME
6. FULL MAIDEN NAME OF MOTHER	FIRST NAME	MIDDLE NAME	MAIDEN NAME

7. YOUR NAME _____ 8. TELEPHONE # (____) _____

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____
(Self, Mother, Father, Grandparents, Sister, Brother, Spouse, Son or Daughter)

11. PURPOSE FOR OBTAINING THIS RECORD: _____
(If for passport you must get the long form)

12. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE
SOCIAL SECURITY NUMBER _____ PLACE OF DEATH _____
DATE OF DEATH _____ BIRTH PLACE & DATE _____

13. IF CERTIFIED COPY IS TO BE MAILED TO SOME OTHER PERSON, PLEASE COMPLETE:
NAME _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

YOUR SIGNATURE _____

DATE OF APPLICATION _____

PHOTO ID IS REQUIRED

IDENTIFICATION TYPE _____
DRIVERS LICENSE #, ID CARD, ETC.

OFFICE USE ONLY

NUMBER _____
ON DRIVER LICENSE, ID CARD, ETC.