

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
--	---

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.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE	
FULL NAME OF PERSON ON RECORD	DATE OF BIRTH/DEATH
PLACE OF BIRTH/DEATH (CITY OR COUNTY)	SEX
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.	
STATE OF _____	
COUNTY OF _____	
Before me on this day appeared _____ (name)	
now residing at _____ (Address) (City) (State)	
who is related to the person named in Part I as _____ and who on oath deposes (relationship)	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20____.	
(Please place notary stamp in space below)	

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and Zip

WARNING: IT 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 SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

HOCKLEY COUNTY CLERK
VITAL RECORDS
802 HOUSTON ST. SUITE 213
LEVELLAND TX 79336

(APPLICATION WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)