

Rene Trevino

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APPLICATION FOR BIRTH AND DEATH RECORDS

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN MAILING THE REQUEST. Make a check or Money Order payable to: Lamb County Clerk

QTY ☐ Birth Certificate
_____ \$23.00

QTY ☐ Plastic Protector
_____ \$4.00- 8 X 11
_____ \$5.00- 8 X 14.5

QTY ☐ Death Certificate
_____ \$21.00 – 1st Certified Copy
_____ \$4.00 – Additional Copies

_____ \$5.00-Search fee--- If Requested Birth or Death Record is not found.

1. Full Name on Record _____
2. Date of Birth/Death _____ 3. Gender _____ Female _____ Male
4. City/County of Birth/Death _____
5. Father's Full Name _____
6. Mother's Full Name _____ Maiden Name _____
7. Your Name _____ 8. Telephone _____
9. Street Address _____
10. City _____ State _____ Zip _____
11. Relationship to Person on Line 1: (please circle one of the following)
Self Mother Father Sister Brother Grandmother Grandfather
Spouse Child Legal Guardian/Representative
12. Purpose for obtaining this record _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (HEALTH SAFETY CODES, CHAPTER 678, SECTION 195.003)

YOUR SIGNATURE

DATE

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 on Part I as _____ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.

Signature _____

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

Signature of Notary Public

Commission Expires

Typed or Printed Name

Street Address

City, State and 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 SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Lamb County Clerk
Rene Trevino County Clerk
100 6th Drive, Room 103
Littlefield, Texas 79339

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