



RUTH SISSON

COUNTY CLERK, LAMAR COUNTY, TEXAS
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Birth / Death Certificates

IF YOU NEED THIS RECORD FOR INDIAN REGISTRY, YOU MUST REQUEST IT FROM AUSTIN!

BIRTH	DEATH
<p>Birth Records \$23 each</p> <p>_____ X \$23 = \$0</p> <p>(quantity)</p>	<p># REQUESTED – DEATH</p> <p>1 CERTIFIED COPY X \$21 = \$21</p> <p>_____ extra copies of same record x \$4 = _____</p> <p>TOTAL \$ _____</p>

1. FULL NAME ON THE CERTIFICATE: _____
***** USE NAME THAT SHOULD BE ON RECORD*****
2. DATE OF BIRTH / DEATH: _____
3. COUNTY OF BIRTH / DEATH: _____
4. FULL NAME OF FATHER: _____
5. FULL BIRTH NAME OF MOTHER: _____
*****MAIDEN NAME*****
6. NAME OF PERSON REQUESTING THE DOCUMENT: _____
7. YOUR ADDRESS: _____
8. YOUR PHONE NUMBER: _____
9. YOUR RELATIONSHIP TO THE PERSON ON RECORD: _____
10. IS THIS FOR GETTING A PASSPORT (Circle): YES NO OTHER
11. DATE OF REQUEST: _____
12. SIGNATURE: _____

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 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)

BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND DEATH RECORDS FOR 25 YEARS; THEREFORE ISSUANCE IS RESTRICTED. PLEASE ATTACH A PHOTOCOPY OF ID TO APPLICATION. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION BE PROVIDED IN ORDER TO ISSUE THE RECORD.

ID: _____

Certificate #: _____

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 _____.	
(Seal)	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City, State and Zip

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Lamar County Clerk
119 N. Main St.
Paris, Tx 75460

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