

BIRTH CERTIFICATE AND
DEATH CERTIFICATE
APPLICATION



RUTH SISSON
LAMAR COUNTY CLERK
119 NORTH MAIN STREET, PARIS TX 75460
(903) 737-2420

www.lamarcountyclerk.com

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST. FOR INDIAN REGISTRY, APPLY TO BVS AUSTIN.

Mail in requests, make money orders payable to: LAMAR COUNTY CLERK.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
Long Form <input type="checkbox"/>	\$23			Additional Copies	\$4		
Total (Payable to Lamar County Clerk)				Total (Payable to Lamar County Clerk)			

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.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
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

APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City
		State
		ZIP
Relationship to person listed above	Purpose for obtaining this record	
Signature of Applicant	Date	

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 applicant
Full Mailing Address
Street Address
City
State
ZIP

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III) - MAIL IN ONLY

STATE OF TEXAS
COUNTY OF LAMAR

Before me on this day appeared _____ (Applicants Name) now residing at _____
_____ (Street Address/City/State)

who is related to the person named on Part I as _____ (Relationship) and who on oath and says that the contents of this affidavit are true and correct.

The applicant presented the following type and number of identification: _____

Applicant Signature _____

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

Signature of Notary Public and Notary ID Number _____

Typed or Printed Name _____

Commission Expires _____

Street Address _____

City, State, Zip _____

(SEAL)

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 \$10,000.00. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003.)

Official Use:	ID:	Certificate #:
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