

KeeLee N. Rawls  
Floyd County Clerk

**FLOYD COUNTY, TEXAS**  
**APPLICATION**  
**FOR BIRTH AND DEATH RECORD**

OFFICE USE ONLY  
#

Make check or money orders payable to: Floyd County Clerk

BIRTH CERTIFICATES				DEATH CERTIFICATES			
TYPE	COST	# OF COPIES	TOTAL	TYPE	COST	# OF COPIES	TOTAL
LONG FORM <input type="radio"/>	\$23			CERTIFIED COPY (1 COPY)	\$21		
ADDITIONAL	\$23			ADDITIONAL COPIES	\$4		
CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	TOTAL: \$		CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	TOTAL: \$	

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(MAIDEN)			
DATE OF BIRTH/DEATH	MONTH	DAY	YEAR	SEX			
PLACE OF BIRTH/DEATH	CITY OR TOWN		COUNTY	STATE			
FULL NAME OF PARENT 1	FIRST NAME	MIDDLE NAME	LAST NAME				
FULL NAME OF PARENT 2	FIRST NAME	MIDDLE NAME	LAST NAME				

APPLICANT INFORMATION (PART II)		
APPLICANT NAME	TELEPHONE #	EMAIL ADDRESS
FULL MAILING ADDRESS		
RELATIONSHIP TO PERSON LISTED ABOVE	PURPOSE FOR OBTAINING THIS RECORD	

APPLICANT SIGNATURE	DATE:
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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 THE PRESENCE OF A NOTARY PUBLIC) (PART III)	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ now residing at _____ (Applicant)
_____ (Address) _____ (City) _____ (State)	who is related to the person named on Part I as _____ and who on oath (Relationship)
deposes and says that the contents of the 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____
(Seal)	Signature of Notary Public and Notary ID Number: _____
	Typed or Printed Name: _____
	Commission Expires: _____
	Street Address: _____
	City, State, 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 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. VS-142.3 Rev. 06212016

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

KeeLee Rawls  
Floyd County Clerk  
105 S. Main, Room 101  
Floydada, TX 79235  
To pay by Credit or Debit Card, Contact the Clerk's Office: 806-983-4900



Dear applicant,

You are receiving the birth/death certificate application as requested. You will need to fill out the entire application **(All required fields are highlighted)** as well as having your application notarized.

You will need to include a copy of your valid (current) DL or ID and form of payment with your application to the address listed below.

The cost for the requested certificate(s) is located on the top of the attached application.

If you have any questions, please call our office at 806-983-4900.

Thank you.

KeeLee N. Rawls  
Floyd County Clerk  
105 S. Main Room 101  
Floydada, Texas 79235