

Wilbarger County Clerk

1700 Wilbarger Street, Room 15

Vernon, TX 76384

Phone: (940) 552-5486

APPLICATION FOR A CERTIFIED BIRTH OR DEATH RECORD

Birth Records are confidential for 75 years and Death Certificates for 25 years. Confidential Records may be issued only to properly qualified applicant. Other records may be obtained when sufficient information for identification is provided.

Please attach a copy of your state issued I.D. or two documents with name and signature.

Certificate # _____
Security Paper # _____
By: _____
Cash or Check # _____

Birth Certificates/Death Certificates		
TYPE	Cost	# of copies
Full Sheet Birth Certificate-born in Vernon, Texas	\$23	
Half Sheet Birth Certificate-born outside of Vernon, Texas	\$23	
First Copy of Death Certificate	\$21	
Additional Copies of Death Certificate	\$4	
Plastic Cover	\$2	

____ 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.

1. Full name of person on record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	Day and Year	3. Sex
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Name of Mother	First Name	Middle Name	Maiden Name

7. APPLICANT'S (YOUR) NAME _____

8. APPLICANT'S DAYTIME PHONE NUMBER (____) _____

9. APPLICANT'S MAILING ADDRESS _____

10. RELATIONSHIP TO PERSON NAMED IN ITEM 1 _____

11. PURPOSE FOR OBTAINING THIS RECORD _____

12. WILL THIS RECORD BE USED TO OBTAIN A PASSPORT? _____ YES _____ NO

____ I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

NAME _____

ADDRESS _____

APPLICANT'S SIGNATURE _____ DATE _____

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)

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC)

STATE OF _____ COUNTY OF _____ Before me on this day appeared

_____ now residing at _____ who is related to the person named above as _____ and who on oath deposes 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: _____

Commissioner Expires: _____

Street Address: _____

City, State, Zip: _____