

TAMMY MARSHALL, CROSBY COUNTY CLERK  
201 West Aspen, Ste. 102  
Crosbyton, Texas 79322

806-675-2334

### APPLICATION FOR BIRTH OR DEATH CERTIFICATE

Birth Certificate: \$23.00 each

Quantity: \_\_\_\_\_

Death Certificate: \$21.00 for one, \$4.00 for each add'l purchased at same time Qty: \_\_\_\_\_

**WE ONLY ACCEPT CASH, MONEY ORDER OR CHECK, WE DO NOT ACCEPT DEBIT OR CREDIT CARDS**

Purchaser's name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

1. Purpose for obtaining this record: \_\_\_\_\_

2. Your relationship to the person named below:

Self                  Mother                  Father                  Sister                  Brother                  Grandparent

3. Full Name of person on Birth/Death Certificate: \_\_\_\_\_

4. Date of Birth/Death: \_\_\_\_\_

5. City/County of Birth/Death: \_\_\_\_\_

6. Father's Full Name: \_\_\_\_\_

7. Mother's Full Name: \_\_\_\_\_

8. Add'l identifying information needed for DEATH CERTIFICATES ONLY:

Social Security Number of Deceased: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO \$10,000.00 (HEALTH & SAFETY CODE, CHAPTER 195, SEC 195.003)**

Birth records are confidential for 75 years and Death records are confidential for 25 years. Therefore, issuance is restricted. The record may be obtained when sufficient information for identification is provided. Administrative rules require that on restricted records, all information in Items 1-8 must be provided in order to issue such record being requested along with a Xerox copy of the identification from the person requesting the record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NOTARIZED PROOF OF IDENTIFICATION

<b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE</b>			
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	

<b>PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND THE TYPE OF ID USED.</b>	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED

## AFFIDAVIT OF PERSONAL KNOWLEDGE

<b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.</b>	
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

**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)**

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