OFFICE OF THE CITY SECRETARY
VITAL STATISTICS UNIT, ROOM 102
PO BOX 2000 - LUBBOCK, TX 79457
1625 13TH STREET - LUBBOCK, TX 79401
BIRTH: (806) 775-3069
DEATH: (806) 775-2934

Mail Application for Birth and Death Records

Qty	☐ **Birth Certificate**	Qty	☐ **Plastic Pouch**	Qty	☐ **Death Certificate**
_____	$23.00 - Abstract →	_____	$2.00 - 5 x 7	_____	$21.00 - 1st Certified Copy
_____	$23.00 - *Long Form (Passport) →	_____	$3.00 - 8 x 11	_____	$4.00 – Additional Copies
				_____	$10.00 - Search Fee

*Records for Lubbock County Only

(If Requested Birth or Death Record is not found)

Acceptable forms of payment: Cash, Credit Card, or Money Order made payable to: The City of Lubbock (NO CHECKS)

****MAIL IN REQUESTS: MONEY ORDER ONLY****

1 Full Name on Record:_____

2 Date of Birth/Death:_____ **3** Gender: ☐ Female or ☐ Male

4 City/County of Birth/Death:_____

5 Father's Full Name:_____

6 Mother's First Name:_____ Maiden Name:_____

7 Your name:_____ **8** Telephone:_____

9 Street Address:_____

10 City:_____ State:_____ Zip:_____

11 Relationship to Person on Line 1: (please circle one of the following)

Self Mother Father Sister Brother Grandmother Grandfather

Other (specify)_____

12 Purpose for obtaining this record:_____

_____

Fees are subject to change without notice (call 806-775-2926 for fee verification). Any search of the files where a record is not found, the search fee $10.00 is not refundable or transferable. Birth records are confidential for 75 years and death for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (items 1-6), relationship (item 11), and purpose (item 12) be provided in order to issue the record._____Initials

_____

Signature Date Identification Type

ATTACH A PHOTOCOPY OF DRIVER LICENSE, STATE I.D. OR 3 DIFFERENT DOCUMENTS WITH YOUR NAME TO THE APPLICATION.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195. SECTION 195.003)

FOR OFFICE USE ONLY

DOCUMENT#:_____ DATE ISSUED:_____

DEPUTY REGISTRAR:_____ RECEIPT #:_____

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

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This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

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 _____ and who on oath deposes and
(Relationship)

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)

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

Office of the City Secretary
Vital Statistics Unit, Room 102
P.O. Box 2000
Lubbock, TX 79457

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