

**Wilbarger County Clerk**  
**1700 Wilbarger Street, Room 15**  
**Vernon, TX 76384**  
**Phone: (940) 552-5486**

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

**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.**

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.

<b>1. Full name of person on record</b>	First Name	Middle Name	Last Name
<b>2. Date of Birth or Death</b>	Month	Day and Year	<b>3. Sex</b>
<b>4. Place of Birth or Death</b>	City or Town	County	State
<b>5. Full Name of Father</b>	First Name	Middle Name	Last Name
<b>6. Full Name of Mother</b>	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: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THE FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000 (TEXAS HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003).

## 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 _____ <span style="margin-left: 350px;">(Name)</span>	
now residing at _____ <span style="margin-left: 100px;">(Address)</span> <span style="margin-left: 100px;">(City)</span> <span style="margin-left: 100px;">(State)</span>	
who is related to the person named on Part I as _____ and who on oath deposes and <span style="margin-left: 250px;">(Relationship)</span>	
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:  
 Mail form to our office at:  
 Wilbarger County Clerks Office  
 1700 Wilbarger Rm 15  
 Vernon, TX 76384

Texas Vital Records  
 Department of State Health Services  
 P.O. Box 12040  
 Austin, TX 78711-2040

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