



**CITY OF LUBBOCK –
VITAL STATISTICS OFFICE**
P.O. Box 2000 – Lubbock, TX 79457
1209 13th Street – Lubbock, TX 79401
Phone: (806)775.2926
Fax: (806)775.2957
Email: vitalstatistics@mylubbock.us

Application for Birth and Death Records

<u>Certified Birth Certificates (Qty)</u>	<u>Certified Death Certificates</u>	<u>Other</u>
_____ \$23.00 - Abstract	_____ \$21.00 – 1 st Certified Copy	_____ \$3 - Record Protector (cover)
_____ \$23.00 - *Long Form (Passport)	_____ \$4.00 – Additional Certified Copies	_____ \$10 - Verification of Death
*Records for those born in Lubbock County Only		_____ \$10 - **Search Fee

**Search fee will be charged if record is searched and not located.

Acceptable forms of payment: Cash; Credit Card – Visa, Master Card, or Discover; or Money Order/Cashier’s Check made payable to: CITY OF LUBBOCK

1 Full Name on Requested Record: _____

2 Date of Birth **OR** Date of Death: _____ 3 Gender: Female Male

4 City/County of Birth **OR** Death: _____

5 Father’s Full Name: _____

6 Mother’s First Name: _____

7 Your Name (Applicant): _____ 8 Phone Number: _____

9 Street Address: _____ 10 Email: _____

11 City: _____ State: _____ Zip: _____

12 Relationship to person on Line 1: (please circle one of the following or specify specific relationship)
 Self Mother Father Sister Brother Grandparent Spouse Legal Guardian
 Other (please be specific): _____

13 Purpose for obtaining this record (ex. passport, school, insurance, driver’s license, etc.) _____

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 1-7), relationship (item 12), and purpose (item 13) be provided in order to issue the record. _____ Initials

Signature	Date	Identification Type
**Notarized Affidavit of Personal Knowledge		
STATE OF _____ COUNTY OF _____ Before me on this day appeared _____		
Now residing at _____ who is related to person named in number 1 as _____		
who, on oath, deposes and says that the contents of this affidavit are true and correct. The applicant presented the following type of identification _____.		
Applicant Signature _____		
Sworn to and subscribed before me, this _____ day of _____, 20_____.		
(SEAL)	Signature of Notary Public _____	
	Typed or Printed Name _____	
	Commission Expires _____	

APPLICATIONS WITHOUT PHOTO ID, THE SWORN STATEMENT, OR PAYMENT WILL NOT BE PROCESSED.
 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 195.003)



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VITAL STATISTICS DEPARTMENT
CREDIT CARD AUTHORIZATION

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV Authorization Code (back of card): _____

Zip Code: _____ Amount to be charged: \$ _____

Please check type of card:

Visa MasterCard Discover

Signature: _____

I hereby authorize the City of Lubbock Vital Statistic Department to charge the agreed amount listed above to my credit card provided. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

***Please note: Maximum Transaction limit = \$1,600.00

Mail: Vital Statistics Department
P.O. Box 2000
Lubbock, Texas 79457

Fax: (806)775-2957

Email: vitalstatistics@mylubbock.us

Attn: _____