



CITY OF LUBBOCK  
**ATTN: VITAL STATISTICS UNIT**  
 P.O. BOX 2000 – LUBBOCK, TX 79457  
 1209 13<sup>TH</sup> STREET – LUBBOCK, TX 79401  
**BIRTH: (806) 775-3069 DEATH: (806) 775-2934**

**Mail Application for Birth and Death Records**

Qty  Birth Certificate

\_\_\_ \$23.00 – Abstract  
 \_\_\_ \$23.00 - \*Long Form (Passport)

\*Records for Lubbock County Only

Qty  Plastic Pouch

\_\_\_ \$3.00 – 8 x 11

Qty  Death Certificate

\_\_\_ \$21.00 – 1<sup>st</sup> Certified Copy  
 \_\_\_ \$4.00 – Additional Copies  
 \_\_\_ \$10.00 – Search Fee

(If the requested Birth or Death is not found)

**Acceptable forms of payment: Credit Card or Money Order made payable to the City of Lubbock**

1. Full name of person on the record \_\_\_\_\_
2. Date of Birth/Death \_\_\_\_\_ Gender (Select one): Female  Male
3. Place of Birth or Death \_\_\_\_\_
4. Father's Full Name \_\_\_\_\_
5. Mother's First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_
6. Name of applicant \_\_\_\_\_ Phone number \_\_\_\_\_
7. Mailing Address \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Relationship to Person on record: \_\_\_\_\_
10. Purpose for obtaining this record: \_\_\_\_\_

\*Fees are subject to change without notice (call (806)775-2926 for fee verification). A **\$10.00 search fee will be assessed for a file search where a record is not found**. 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 9), and purpose (item 10) be provided in order to issue the record. \_\_\_\_\_ **Initials**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Identification Type (copy included) \_\_\_\_\_

**PART II**

**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 part 1 as \_\_\_\_\_  
 \_\_\_\_\_ 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\_\_\_\_\_.

(SEAL)

Signature of Notary Public: \_\_\_\_\_  
 Typed or Printed Name: \_\_\_\_\_  
 Commission Expires: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



**P.O. BOX 2000 – 1209 13<sup>TH</sup> STREET – Lubbock, Texas 79457  
(806) 775-3069 Fax: (806) 775-2957**

**VITAL STATISTICS DEPARTMENT CREDIT  
CARD AUTHORIZATION**

Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Please Fax to: (806)775-2957  
City of Lubbock Vital Statistics Department  
Attn: \_\_\_\_\_