

Tonya Ritchie

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Room 103  
Littlefield, TX 79339



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### Application for Birth and Death Records

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN MAILING THE REQUEST. Make a check or Money Order payable to: Lamb County Clerk

Qty  Birth Certificate  
\_\_\_\$23.00

Qty  Plastic Pouch  
\_\_\_\$3.00 - 8x11  
\_\_\_\$4.00 - 9.5x14.5

Qty  Death Certificate  
\_\_\_\$21.00 - 1<sup>st</sup> Certified Copy  
\_\_\_\$4.00 - Additional Copies

\_\_\_\$5.00- Search Fee---- If Requested Birth or Death Record is not found

1. Full Name on Record \_\_\_\_\_

2. Date of Birth/Death \_\_\_\_\_ 3. Gender \_\_\_\_\_ Female \_\_\_\_\_ Male

4. City/County of Birth/Death \_\_\_\_\_

5. Father's Full Name \_\_\_\_\_

6. Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

7. Your Name \_\_\_\_\_ 8. Telephone \_\_\_\_\_

9. Street Address \_\_\_\_\_

10. City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Self Mother Father Sister Brother Grandmother Grandfather

Spouse Child Legal Guardian/Representative

12. Purpose for obtaining this record \_\_\_\_\_

Any search of the files where a record is not found, the search fee \$5.00 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 records.

**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 (HEALTH AND SAFETY CODE, CHAPTER 195 SECTION 195.003)**

\_\_\_\_\_  
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)**

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

Lamb County Clerk  
 Tonya Ritchie-County Clerk  
 100 6<sup>th</sup> Drive, Room 103  
 Littlefield, Texas 79339

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