

Tonya Ritchie

100 6th Drive
Room 103
Littlefield, TX 79339



Phone: (806) 385-4222
Fax: (806) 385-6485
Email: tonya.ritchie@co.lamb.tx.us

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 - 1st 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

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 _____ (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 6th Drive, Room 103
 Littlefield, Texas 79339

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