

CITY OF DALHART

MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID PHOTO ID AND SWORN STATEMENT WHEN SENDING THE REQUEST. Make check or money orders payable to: City of Dalhart.

| | |
|---|---|
| BIRTH CERTIFICATES: \$23.00 EACH COPY | DEATH CERTIFICATES: \$21.00 EACH COPY \$4.00 EACH ADDITIONAL |
|---|---|

BIRTH/DEATH RECORD INFORMATION

| | | | |
|-------------------------------|--------------|---------------|-----------------------|
| Full Name of Person on Record | First Name | Middle Name | Last Name |
| Date of Birth/Death | Month | Day Year | Sex |
| Place of Birth/Death | City or Town | County | State |
| Full Name of Mother Parent 1 | First Name | Middle Name | Maiden Name/Last Name |
| Full Name of Father Parent 2 | First Name | Middle | Last Name |

REQUESTOR INFORMATION

| | | |
|-------------------------------------|-----------------------------------|--------------------------|
| Requestor Name | Telephone # | Email Address |
| Full Mailing Address | Street Address | City State Zip |
| Relationship to person listed above | Purpose for obtaining this record | |
| <input type="checkbox"/> | | |

I authorize mailing to the address below. I have verified the address below will receive my order.

| | | |
|--|-------|-----|
| Name of Person Receiving Copies, If Different From Requestor | | |
| Mailing Address for Copies, If Different From Requestor | | |
| City | State | 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)

Your Signature _____ Date of Application _____
 APPLICATIONS WITHOUT SIGNATURE OF APPLICANT WILL NOT BE PROCESSED.

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
CITY OF DALHART **PHONE: 806-244-5511 Ext. 3202**
PO BOX 2005 **FAX: 806-244-4414**
DALHART, TX 79022 **E-MAIL: frances@dalharttx.gov**

CERTIFICATE # _____ DATE ISSUED _____ BY _____

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

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 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 _____ and who on oath |
| (Relationship) |
| deposes and says that the contents of this affidavit are true and correct. |
| Signature _____ |
| Sworn to and subscribed before me, this _____ day of _____, 20____. |

| |
|----------------------------|
| Signature of Notary Public |
| Commission expires |
| Typed or Printed Name |
| Street Address |
| City, State and Zip |

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