APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE

D’anna Russell  
Motley County and District Clerk  
PO Box 660  
Matador, TX 79244  
806/347-2621

FOR OFFICE USE ONLY

Certificate #

Record Found Vol Page

Death

# Requested

\_\_\_\_\_ 1st Certified Copy x $21.00 = \_\_\_\_\_\_

\_\_\_\_\_ Additional Copies x $4.00 = \_\_\_\_\_\_

Total Enclosed = \_\_\_\_\_\_\_

Birth

# Requested

\_\_\_\_\_ Certified Copies x $23.00 = \_\_\_\_\_\_

Total Enclosed = \_\_\_\_\_\_\_

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

1. APPLICANT’S NAME: TELEPHONE #: (\_\_\_\_\_\_)
2. MAILING ADDRESS:
3. RELATIONSHIP TO PERSON NAMED IN LINE #1: 9. PUPROSE FOR OBTAINING THIS RECORD: 10. ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:

SOCIAL SECURITY NUMBER OF DECEASED:

BIRTH DATE: BIRTH PLACE ETC.:

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS AND A FINE OF UP TO $10,000 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195-003)**

SIGNATURE OF APPLICANT DATE

IDENTIFICATION TYPE: NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACH PHTOCOPY** (DL/I.D. CARD, ETC.) (DL/I.D. CARD, ETC)

Payment Mehod:

 Cash  Check/Money Order/Cashier’s Check

CK#

 Credit/Debit Card #:

Name on Card:

Expiration Date on Card:

Security Code on Card:

Please be advised there is a $1 minimum or 2.35% convenience fee added to all credit/debit card payments

**NOTICE: BIRTH RECORDS ARE CONFIDENTIAL FOR 50 YEARS AND DEATH RECORDS ARE CONFIDENTIAL FOR 25 YEARS; THEREFORE, ISSUANCE IS RESTRICTED. OTHER RECORDS MAY BE OBTAINED WHEN SUFFICIENT INFORMATION FOR IDENTIFICATION IS PROVIDED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS ALL IDENTIFYING INFORMATION (LINES 1-5) RELATIONSHIP (LINE 9) AND PURPOSE (LINE 10) BE PROVIDED IN ORDER TO ISSUE THE RECORD.**