



**Jennifer Martin**  
**Ector County Clerk**  
**PO Box 707**  
**Odessa TX 79760**  
**432-498-4130**

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE**

Money orders/Cashier's checks only

Birth Certificate	Death Certificate
____ # Requested @ \$23.00	____ First Copy @ \$21.00 ____ Additional @ \$4.00
Birth Form # _____ State Form # _____	Birth Form # _____ State Form # _____
Vol _____ Page _____ Registrar # _____	Vol _____ Page _____ Registrar # _____
Deputy _____	Deputy _____

**WARNING:** The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000.00 (Health & Safety Code 195.003)

**Please Print:**

*Information Found on Birth/Death Certificate*

1. Full Name on Record: (first, middle, last)  
\_\_\_\_\_
2. Date of Birth/Death  
\_\_\_\_\_
3. Place of Birth/Death (City, County)  
\_\_\_\_\_
4. Parent 1 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_
5. Parent 2 Full Name: \_\_\_\_\_ Maiden/Birth Last Name \_\_\_\_\_

*Information about Applicant*

6. Applicant's Full Name:  
\_\_\_\_\_
7. Applicant's Mailing Address:  
\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
8. Telephone Number: \_\_\_\_\_ 9. Email Address \_\_\_\_\_
10. Applicant's Relationship to Person Named in #1:  
\_\_\_\_\_
11. Purpose for Obtaining Record:  
\_\_\_\_\_

*I wish to make a \$5 donation for the Texas Home Visiting Program for healthy early childhood*

\_\_\_\_\_  
 Signature of Applicant  
 (COPY OF APPLICANT'S PHOTO ID IS REQUIRED)

\_\_\_\_\_  
 Today's Date

**For applications that are sent by mail:  
 The attached Notarized Proof of Identification/Affidavit of Personal Knowledge and copy of valid photo ID must be attached to  
 this completed application or the request will not be processed.**

