



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.**

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 _____ <div style="text-align: center;">(name)</div>	
now residing at _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Address) (City) (State) </div>	
who is related to the person named in Part I as _____ and who on oath deposes <div style="text-align: center;">(relationship)</div>	
and says that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this ____ day of _____, 20 ____.	
<i>(Please place notary stamp in space below)</i>	

Matricula card is not an acceptable form of identification.

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

WARNING: IT 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 (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

**ECTOR COUNTY CLERK
VITAL RECORDS
PO BOX 707
ODESSA TX 79760**

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