

City of Lubbock Health Department PO Box 2548, Lubbock, Texas 79408 1902 Texas Ave, Lubbock, Texas 79411 (806) 775-2926

PLEASE PRINT

APPLICATION FOR BIRTH OR DEATH RECORD

\$23.00 ANY SIZE BIRTH			SEARCH FEE \$9.00		DEATH - \$21.00 Extra copies \$4.00	
		Non-refundable if not found		nd I	Number of copies	
Number of copies Long form(Lubbock County only)						
Regular(Cover \$2.00)						
Wallet(Cover \$1.00)						
GENDER: FEMALE / MALE						
1.	NAME ON RECO	RD				
		FIRST	MIDDLE	LAS		
2.	DATE OF BIRTH/	DEATH	3. PLACE OF BIRTH	I/DEATH		
	EARTHED C MANUE	7				
4.	FATHER'S NAME	FIRST	MIDDLE	LA	 ST	
5.	MOTHER'S MAIL		WIIDDLE	LA	51	
		FIRS	Γ MIDDLE	LA		
6.						
7.	PURPOSE OF OBTAINING THIS RECORDPHONE#					
8.	YOUR NAME		PHONE#			
9.	MAILING ADDRI	ESS STREET ADDI	PESS CIT	Y STAT	E ZIP	
		STREET ADD	XLSS CII	I SIAI	L ZII	
ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE ONLY						
10. SOCIAL SECURITY OF DECEASED						
DATE OF BIRTHPLACE OF BIRTH						
Make money order payable to: City of Lubbock Health Department CREDIT CARDS ACCEPTED FOR WALK IN'S ONLY						
CREDIT CARDS ACCEPTED FOR WALK IN S ONLY						
CERTIFICATE IS NON REFUNDABLE						
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2 – 10 YEARS IN						
PRISON AND A FINE OF UP TO \$10,000.00 (HEALTH SAFETY CODES, CHAPTER 678, SEC. 195.003)						
VIOLID GLOVE TARREST						
YOUR SIGNATURE DATE						
IDENTIFICATION TYPE NUMBER						
ATTACH PHOTOCOPY OF DRIVERS LICENSE,ID. CARD, ETC. ON DRIVERS LICENSE,ETC.						
FOR OFFICE USE ONLY						
	DOCUMENT NO BY: DATE ISSUED LOCAL REGISTRAR NUMBER: 02-152 DEPUTY REGISTRAR REMIT NO.					
LUCAL REUISTRAK NUMBER: U2-132 DEPUTT REUISTRAK KEMIT NU						