

LIVE OAK COUNTY CLERK
P.O. BOX 280, GEORGE WEST, TX 78022
PHONE (361) 449-8030

Fees are subject to change without notice (Call (361)-449-2733 Ext. 1003 for fee verification).

BIRTH- \$23.00 Enter quantity: _____
Add' l Birth- 23.00 Each

DEATH-\$21.00 Enter quantity: _____
\$21.00 First Cert. Copy
Add' l Death-\$3.00 each copy ordered at this time

PLEASE PRINT THE FOLLOWING INFORMATION

Full name on record: _____
First Middle Last name at birth/death

Date of Birth or Death: _____ County of Birth or Death: _____

Social Security Number of Deceased: _____ - -

Mother's Name: _____
First Middle Last name at birth/death

Father's Name: _____
First Middle Last name at birth/death

APPLICANT INFORMATION

Applicant's Name: _____
First Middle Last

Purpose for obtaining copy of certificate: _____

Relationship to person Named: _____

Daytime Phone Number: _____ Relationship to Registrant: _____

Applicant's Mailing Address: _____
Number & Street City State Zip

ID Type & # _____ Expiration Date: _____

IDENTIFICATION TYPE ATTACHED COPY

Notice: Applicant must be qualified to obtain the record in accordance with Section 181.1, Chapter 25, Texas Administrative Code, i.e., the registrant or immediate family member either by blood, marriage or adoption, his or her legal guardian, or his or her legal agent or representative. Applicant must provide VALID photo identification at the time application is made for a birth or death certificate. Additional proof may be requested at the discretion of the clerk.

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 10 YEARS AND/OR A FINE OF UP TO \$10,000. (Texas Health & Safety Code, Chapter 195, Sec. 195.003); Texas Penal Code, Chapter 12 and Chapter 31, Sec. 37.10)

Applicant Signature _____ Today's Date _____

By signing here, the applicant acknowledges understanding of and compliance with the statutes cited above

THE STATE OF _____

COUNTY OF _____

Sworn to and subscribed by _____ before me the _____
day of _____.

Notary Public, State of _____

Notary's Printed Name

I ACCEPT THIS CERTIFIED COPY AS IS AND UNDERSTAND NO REFUND OR EXCHANGE WILL BE GRANTED

Signed by: _____

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: LIVE OAK COUNTY CLERK
OFFICE USE ONLY

Certificate # (s) _____

Birth/Death # _____ Volume _____ Page _____ Date Issued _____

Copies Issued _____ Receipt # _____ Deputy Initials _____