

Floyd County Clerk's Office

Requirements for Mail in Birth/Death Certificate Request/Applications

- A complete application includes an original application with all the boxes filled out. Complete the application, with no cross outs, no white out, and no correction tape. A signature (with a notary seal if by mail), acceptable identification (photocopy if by mail and original if in person), and payment. Check or Money Orders are accepted.
- **An application will be rejected if it is not completed properly.** When an application is rejected, it is considered closed. You can resubmit the application with corrections, and the processing time will start over.
- Note: These requirements only apply to ordering certified copies of birth and death records. Anyone is eligible to order a birth or death verification if able to provide the full name of the individual, date of event, and location of event.
- Be a person qualified to get a certified copy of the record .

Qualified Applicants for Birth/Death Certificates are: his/her immediate family members (either by blood, marriage, or adoption), his/her guardian, or his/her legal agent/representative can request a certified copy of that vital record. An immediate family member is defined as any of the following: child, parent/guardian, brother/sister, grandparent, spouse.

- Provide a check or money order made out to Floyd County Clerk.
- Provide an addressed envelope to the address where the Certificate is to be mailed.
- Be sure to mail your application to the correct location .

Mail Request/Applications to:

**Ginger Morgan**

**Floyd County Clerk**

**105 S. Main, Room 101**

**Floydada, Texas 79235**

Ginger Morgan  
Floyd County Clerk

OFFICE USE ONLY

# FLOYD COUNTY, TEXAS

## MAIL APPLICATION FOR BIRTH AND DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: Floyd County Clerk

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Long form	\$23			Certified Copy (1 copy)	\$21		
<input type="checkbox"/> Additional Copies	\$23			Additional Copies	\$4		
<b>Total (Check or money order)</b>				<b>Total (Check or money order)</b>			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

### IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

### APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City
		State
		Zip
Relationship to person listed above	Purpose for obtaining this record:	
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.		
Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

### AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_ (Applicant name)  
 now residing at \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
 who is related to the person named on Part I as \_\_\_\_\_ and who on oath deposes and says that the contents of this affidavit are true and correct. (Relationship)

The applicant presented the following type and number of identification: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

(Seal) Sworn to and subscribed before me, this \_\_\_ day of \_\_\_, 20\_\_\_.  
 Signature of Notary Public and Notary ID Number \_\_\_\_\_  
 Typed or Printed Name: \_\_\_\_\_  
 Commission Expires: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

WARNING: IT IS 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, MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:

Ginger Morgan  
Floyd County Clerk  
105 S. Main, Room 101  
Floydada, Texas 79235