

Date of Application: \_\_\_\_\_

### Application for Certified Copy of Birth Certificate

Number of copies needed: \_\_\_\_\_ (\$23.00 each)

A \$3.00 charge will be added if you cancel or alter your request after certificate has been printed.  
\_\_\_\_\_ Sheet size  
\_\_\_\_\_ Plastic Sleeve (\$.50)

<u>For Office Use Only</u>	
Deputy	_____
_____ State Cert.	_____ Office
Cert. #	_____
File#	_____
Cash ___ Check ___	Check No. _____
Name on check	_____

Information on Birth Certificate	
1. Full Name of Person on Record	_____
2. Date of Birth (Month/Day/Year)	_____
3. Sex: _____ Male	_____ Female
4. Place of Birth: _____	
City or Town	County State
5. Full Name of Father	_____
6. Full Maiden Name of Mother	_____

**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 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC 195.003)**

Birth Certificate Requested by:  
*(Personal Identification Required)*

Your relation to the person named in  
Item 1: \_\_\_\_\_

Purpose for obtaining this record:  
\_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Printed Name  
\_\_\_\_\_

Address  
\_\_\_\_\_

City State Zip

X \_\_\_\_\_  
Signature of Applicant

## NOTARIZED PROOF OF IDENTIFICATION

**PART I. ENTER NAME, DATE AND PLACE OF BIRTH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH CERTIFICATE**

FULL NAME OF PERSON ON RECORD	DATE OF BIRTH
PLACE OF BIRTH (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 \_\_\_\_\_  
(Name)

now residing at \_\_\_\_\_  
(Address) (City) (State) (ZIP)

who is related to the person named on Part I as \_\_\_\_\_  
(Relationship) and who on oath deposes and

says that the contents of this affidavit are true and correct.

Signature \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

*(Seal)*

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City, State and 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, SEC. 195.003)**

**MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:**

**Michele Bridge  
BEE COUNTY CLERK  
105 W CORPUS CHRISTI ST ROOM 108  
BEEVILLE, TEXAS 78102**

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