

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 swears that the contents of this affidavit are true and correct.	
Signature _____	
Sworn to and subscribed before me, this _____ day of _____, 20 _____.	
<i>(Seal)</i>	Signature of Notary Public <hr/> Commission Expires <hr/> Typed or Printed Name <hr/> Street Address <hr/> 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)