

DE WITT COUNTY CLERK
 102 N. CLINTON STREET, SUITE 120
 CUERO, TEXAS 77954
 361-275-0864

OFFICE USE ONLY
Certificate Number: _____
Clerk's Initials: _____
Receipt Number: _____

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

of Copies @ \$23.00 = \$ _____

_____ # of Plastic Cover(s) — Abstract and Letter Size Available - \$2.00 each

PLEASE PRINT

1. Full Name of Person on Record	First Name	Middle Name		Last Name
2. Date of Birth	Month	Day	Year	3. Sex
4. Place of Birth	City or Town	County		TEXAS
5. Full Name of Parent 1	First Name	Middle Name		Maiden Name/Last Name
6. Full Name of Parent 2	First Name	Middle Name		Maiden Name/Last Name

7. APPLICANT'S NAME _____

8. TELEPHONE # _____

9. MAILING ADDRESS _____

10. RELATIONSHIP TO PERSON NAMED IN ITEM #1 _____

11. PURPOSE FOR OBTAINING THIS RECORD _____

0 I authorize mailing to the address below instead of my mailing address. I have verified that the address below will receive my order.

Name _____ Street Address _____

City _____ State _____ Zip Code _____

I have been advised of any discrepancies and or passport refusal. _____ (Please initial)

0 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.

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 - 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

SIGNATURE OF APPLICANT

DATE OF APPLICATION

APPLICATIONS WITHOUT SIGNATURE, PAYMENT AND PHOTO ID WILL NOT BE PROCESSED.

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE			
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH	
PLACE OF BIRTH/DEATH (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)	
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 <i>and</i> 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:

DeWitt County Clerk
102 N. CLINTON ST. STE. 120
Cuero, Texas 77954

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