CARRIE GREGOR AUSTIN COUNTY CLERK APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

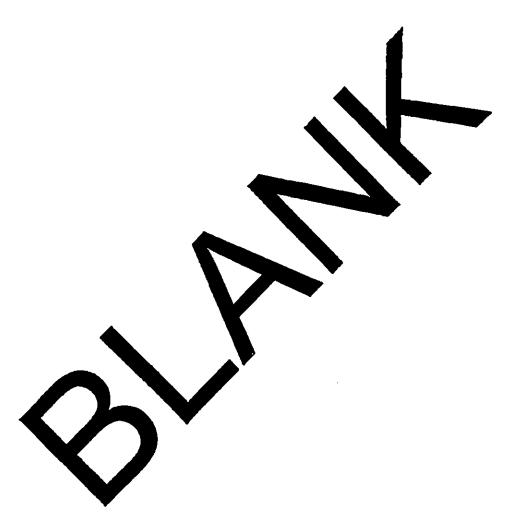
PLEASE PRINT

\$23.00 each

Certified Copy – Full Photo Copy (Austin County Only)

	Texas Home Visiting			\$5.00	
	****CASH, MONE	Y ORDER O	R CARI	ONLY***	•
1.	NAME AT BIRTH				
2.	(NOMBRE EN EL NACIMIENTO) FIRST	MID	DLE		
	DATE OF BIRTH (FECHA DE NACIMIENTO)	MALE		_FEMALE	
3.	(FECHA DE NACIMIENTO) PLACE OF BIRTH				
4.	LUGAR DEL NACIMIENTO CIUDAI FATHER'S NAME	O CITY CON	IDADO (COUNTY	
5.	PADRE FIRST MOTHER'S	MID	DLE	LAS	ST
	NAME MADRE FIRST	MIDDLE		MAIDEN N	AME
6.	APPLICANT'S NAMENOMBRE				
	DAY TIME TELEPHONE # (
8.	MAILING ADDRESS SU DIRECCION STREET				
9.	SU DIRECCION STREET RELATIONSHIP TO PERSON NAMED IN ITEM # 1				
	RELACION A LA PERSONA				
10	. PURPOSE FOR OBTAINING REC				
	RAZON DE CONSEGUIR DE REGI	STRO			
	ARNING: THE PENALTY FOR KNOWINGLY ISON AND A FINE OF UP TO \$10,000. (HEALT				-10 YEARS IN
X	SIGNATURE OF APPLICANT				
	SIGNATURE OF APPLICANT	T FIRMA		DATE FE	СНА
		OFFICE USE ONL	.Y		
CERTIFICATE NO.		ISS	ISSUERS NAME		
TY	YPE OF I.D. GIVEN				

^{**} ATTACH A COPY OF APPLICANT'S IDENTIFICATION



This blank page is to ensure that notarized affidavit (VS-142.3(A)) does not print on the reverse side of the application (VS-142.3).

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEA	ith, and names of parents as i	INFORMATION APPEARS
ON BIRTH/DEATH CERTIFICATE	I DAYE OF	BIRTH/DEATH
FULL NAME OF PERSON ON RECORD	DATEON	BIRITUDEATH
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 RECOR	D AND THE TYPE OF ID LISED.	
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACC	EPTED WHEN NOTARIZED
MAINE MAD KERATIONS IN TO LEGGIA SIGNIFICATION		
	<u>_1</u>	
	RSONAL KNOWLEDGE	
PART III. THIS SECTION MUST BE SIGNED IN THE PRES	ENCE OF A NOTARY PUBLIC.	
STATE OF		
COUNTY OF		
Before me on this day appeared(name)		
forme)		
		
now residing at	ity) (Sta	de)
now residing at(Address) (C	-	•
now residing at (Address) (C		te) _ and who on oath deposes
now residing at (Address) (C	-	•
now residing at(Address) (C who is related to the person named in Part I as(re	lationship)	•
now residing at (Address) (C	lationship)	•
now residing at(Address) (C who is related to the person named in Part I as(re	lationship)	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	lationship) zt. Signature	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct	lationship) zt. Signature	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	st. Signature, 20, Signature of Notary Public	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	lationship) ct. Signature, 20,	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	st. Signature, 20, Signature of Notary Public	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	Signature, 20, Signature of Notary Public Commission Expires Typed or Printed Name	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	st. Signature	and who on cath deposes
now residing at(Address) (C who is related to the person named in Part I as(re and says that the contents of this affidavit are true and correct Sworn to and subscribed before me, this day of	Signature, 20, Signature of Notary Public Commission Expires Typed or Printed Name	and who on cath deposes

Warning: It 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. 186.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT (MONEY ORDER OR CASHIER CHECK) AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Austin County Clerk One East Main Beliville, TX 77418

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