

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE, AND PLACE OF BIRTH/DEATH. INCLUDE THE NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH CERTIFICATE	
<u>FULL NAME OF PERSON ON RECORD</u>	<u>DATE OF BIRTH OR DEATH</u>
<u>PLACE OF BIRTH/DEATH (CITY OR COUNTY)</u>	<u>SEX</u>
<u>FULL NAME OF PARENT 1</u>	<u>FULL NAME OF PARENT 2</u>

PART II. ENTER RELATIONSHIP TO PERSON ON RECORD AND TYPE OF ID USED	
<u>NAME AND RELATIONSHIP TO PERSON ON RECORD</u>	<u>TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED</u>

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE FILLED OUT BY PERSON EXECUTING BIRTH OR DEATH APPLCATION AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	
STATE OF _____	
COUNTY OF _____	
Before me on this day _____ now residing at (printed name of applicant)	
_____ (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 of Applicant: _____	
Sworn and subscribed before me, this _____ day of _____, 20_____.	
	_____ Signature of Notary Public
	_____ Commission Expires
	_____ Typed or Printed Name
	_____ Street Address
	_____ City, State and Zip
(Notary Seal)	

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:

Llano County Clerk
P O Box 40
Llano, TX 78643

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