

Certificate #:	State # (Remote Only):	Receipt #:	Clerk Initials:	Date:	Noted:
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Brenda Fietsam, Fayette County Clerk
P.O. Box 59
La Grange, Texas 78945
979-968-3251

APPLICATION FOR CERTIFIED BIRTH RECORD

STATE BIRTH RECORDS: THE STATE REQUIRES THAT WE CHARGE A SEARCH FEE OF \$23 REGARDLESS OF WHETHER OR NOT THE STATE BIRTH CERTIFICATE IS LOCATED IN THE SYSTEM.

To obtain a Certified Birth Certificate that is not your own, the Requestor must be a member of the immediate family to the Person of Record. Acceptable Parties: Parent, Sibling, Spouse, Child, Grandparent, or upon receipt of additional documentation, a Legal Guardian or Legal Representative. If the father is not listed on the certificate, a court order must be provided. Please contact our office for clarification.

Full Name of Person on Record	First Name	Middle Name	Last Name (MAIDEN)
Date of Birth	Month	Day	Year
Place of Birth	City or Town	County	State TEXAS
Father's Full Name	First Name	Middle Name	Last Name
Mother's Full Name	First Name	Middle Name	Last Name (MAIDEN)

REQUESTOR INFORMATION

Requestor Name	Daytime Telephone Number
Full MAILING Address	
Relationship To Person Listed Above	Purpose For Obtaining This Record (<u>Please be Specific</u>)

NUMBER OF BIRTH CERTIFICATES REQUESTED: _____ **\$23 each**

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

REQUESTOR'S SIGNATURE: _____ **DATE:** _____
Applications Without a Signature and a Valid ID Will Not Be Processed

REQUESTS BY MAIL: IN ADDITION TO YOUR COMPLETED APPLICATION, PLEASE INCLUDE PAYMENT AND A CLEAR PHOTOCOPY OF YOUR VALID ID WITH AN ORIGINAL NOTARIZED PROOF OF IDENTIFICATION.

MAIL TO: Fayette County Clerk, P.O. Box 59, La Grange, Texas 78945
Please Enclose a Self-Addressed Stamped Envelope for Requested Certificate

**The Fayette County Clerk's Office will send your Request by 1st Class Mail via United States Postal Service and is NOT responsible for Certificates lost in the mail. If you prefer an alternate method of delivery, please contact our office (additional fees may apply).*

NOTARIZED PROOF OF IDENTIFICATION

PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH			
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 1 as _____ (Relationship)	
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

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MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID
**TO: Fayette County Clerk
 P.O Box 59
 La Grange, Texas 78945**

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