

|                |                        |            |                 |       |        |
|----------------|------------------------|------------|-----------------|-------|--------|
| Certificate #: | State # (Remote Only): | Receipt #: | Clerk Initials: | Date: | Noted: |
|----------------|------------------------|------------|-----------------|-------|--------|

**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.

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

### REQUESTOR INFORMATION

|   |  |
|---|--|
| Requestor Name  | Daytime Telephone Number                               |
| Full <b>MAILING</b> Address ( Street Address / P.O. Box ) | City, State, and Zip Code                              |
| Relationship To Person Listed Above                       | Purpose For Obtaining This Record (Please be Specific) |

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 1<sup>st</sup> 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

|  |  |                       |     |
|--|--|-----------------------|-----|
| <b>PART I. ENTER NAME, DATE AND PLACE OF BIRTH/DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH/DEATH</b> |  |                       |     |
| 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 |     |

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

## AFFIDAVIT OF PERSONAL KNOWLEDGE

|   |                            |
|---|----------------------------|
| <b>PART III. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC</b> |                            |
| STATE OF _____  |                            |
| COUNTY OF _____   |                            |
| Before me on this day appeared _____<br>(Name)                                  |                            |
| Now residing at _____<br>(Address) (City) (State)                               |                            |
| who is related to the person named on Part 1 as _____<br>(Relationship)         |                            |
| 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 |
|   | 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, A PHOTOCOPY OF YOUR VALID PHOTO ID, & A SELF-ADDRESSED STAMPED ENVELOPE  
**TO: Fayette County Clerk**  
**P.O Box 59**  
**La Grange, Texas 78945**

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