OFFICE USE ONLY Cert#			n contractive of the contractive	MAII APPI	LICATION FOR	A TO	区			
				BIRTH AND DEATH RECORD			COUNTY AND THE PROPERTY OF THE PARTY OF THE			
PLEARE PRINT, IN Make mo is not refundable or	ney orders p	ayable to	PY OF YOUR YOUR YOUR YOUNG	VALID PHO y Clerk Fo	TO ID AND SWORN STATE of the files when	MENT e a reco	WHEN SE	NDING THE RE und, the searchin	QUEST. g lee	
	Birth	Certificate	88		- 1	Deat	h Certifica			
Туре		Cost X	# of copies=	Total	Туре		Cost X	# of coples=	Total	
Certified Copy				1 2 2 2 2	Certified Copy (1 copy	<u>')</u>	\$21			
					Additional Coples	4-Ctv.//	\$4	polycocours or opening by mind a solic management of	<u></u>	
, of the first of the second s	##		The state of the s		wa wa wa wa sharanga na panjaran Ngariikki			Tota	1	
and the second s			Tota	Ц						
) - Twish to make a Visitation Pregra BIRTH/DEATH F	m administere RECORD IN	d by the Of	fice of Early Childh	ond Coordini	hildhood by supporting the Texa ation of Health and Human Servic	:08.				
Full Name of Person on Record				Middle Name		Last Name				
Date of Birth/Death				Day	Year		Sex			
Place of Birth/Death	City or Towr)		County		State				
Full Name of Parent 1	First Name		Middle Nan				Malden Name/Last Name			
Full Name of Perent 2	First Name			Middle Nan	10	IV.		Malden Name/Lost Name		
REQUESTOR IN	NFORMATI	ON						no		
Requester Name			Telephone	ı	Email Address	Email Address				
ull Mailing Address Street Address		244 (vo)	Caty	State	State 7to					
Relationship to persor	n listed above			Purpose to	r obtaining this record;					
D authorize m	alling to the	addres	s below, I have	verified th	at the address below will	receiv	e my orde	r,		
Name of Person Rec	celving Coples	, if Differe	nt from Requesto	manuscratico de la companya della companya della companya de la companya della co						
Malling Address for 0	Coples, If Diffe	rent from	Requester							
City			5	State		Zip				
STATEMENT ON 1	THIS FORM (OR FOR S	IIGNING A FORM	4 WHICH CO	IIS DOCUMENT. THE PENA DNTAINS A FALSE STATEME R 195, SEC. 195.003)	ALTY FO	OR KNOW	INGLY MAKING ARS IMPRISONM	A FALS	
Your Signature				Date of Application						
TOM ORDER										

MAIL THIS APPLICATION, PAYMENT, SWORN STATEMENT AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:
Ann Ford, Young County Clerk
616 as Street
Room 104

Graham, TX 76450

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

NOTARIZED PROOF OF IDENTIFICATION

PARTI. ENTER NAME, DATE AND PL BIRTH/DEATH CERTIFICA	,ACE OF BIRTH/DEATH, AND TE	NAMES OF PARENTS	AS INFORMATION APPEARS ON		
FULL NAME OF PERSON ON RECORD		DATE OF BIRTH/DEATH			
PLACE OF BIRTH/DEATH (City of County)			SEX		
FULL NAME OF PARENT I	FULL NAM	NE OF PARENT 2			
, PART II. ENTER RELATIONSHIP TO PE	RSON ON RECORD AND TH	E TYPE OF ID USED.			
NAME AND RELATIONSHIP TO PER	SON ON RECORD	TYPE AND NUMBER OF	ID ACCEPTED WHEN NOTARIZED		
AFI	FIDAVIT OF PERS	dimensional distribution of the control of the cont	LEDGE		
STATE OF					
COUNTY OF					
Before me on this day appeared	(Ne	ine)			
who is related to the person named on Part 1 says the contents of this affidavit are true and	(Relationship)	(State)	and who on eath deposes and		
,	Signature				
Swom to and subscribed before me, this	day of	, 20 <u></u> ,			
		Signature of i	Notary Public		
		Commissi	on Expires		
(Seal)	,	Typed or Pr	Typed or Printed Name		
		Streat /	Address		
		Olly, State	e 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 IMPRISONMENTAND A FINE OFUP TO \$10,000. (HEALTH AND SAFETY GODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Ann Ford, Young County Clerk 516 4¹¹¹ Street Room 104 Graham, TX 76450

